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THE IMPOSTOR

CONTRIBUTION TO EGO PSYCHOLOGY OF A TYPE OF PSYCHOPATH

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For psychoanalytic research in the field of psychopathy, the year 1925 constitutes a historical milestone, as it was then that Aichhorn published his book, Wayward Youth *(2)*, and Abraham his paper, The History of a Swindler *(1)*. Whereas Aichhorn drew his knowledge from many years of observation and from the therapy of numerous cases, Abraham based his psychoanalytic findings on the study of one psychopath of a certain type. Abraham's paper has remained one of the classics of psychoanalytic literature. Following his example, I consider it especially valuable to single out from the many varieties of psychopathic personality one particular type and to attempt to understand him. The type I have chosen is the impostor. I will restrict myself to the undramatic kind of impostor and leave the others—more fascinating ones—to a later publication.

About twenty years ago, the head of a large agency for the treatment of juvenile delinquents persuaded me to interest myself in a fourteen-year-old boy and, if possible, to lead him into analysis. The boy came from an exceedingly respectable family. His father, a business magnate, was a well-known philanthropist to whom the agency was indebted for major financial assistance. A typical American business man, he was entirely committed to the financial aspects of life. His sincerity and altruism gave him a dignity which everyone respected. He never pretended to be something he was not, and his business acumen was accompanied by a great sense

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The 1955 A. A. Brill Memorial Lecture.

of social responsibility. Son of a poor Lutheran clergyman, the manners and morals of his pious father were engrained in his character.

This father's hard work, perseverance, and—judging from his reputation—his 'financial genius' had made him one of the richest men in the community. He loved to stress the fact that he was a 'self-made man', and it was his great ambition to leave his flourishing business to his sons for further expansion. At home he was a tyrant who made everyone tremble and subject to his command. His wife was a simple woman from a poor family, not very beautiful, not gifted with any sort of talent. He had simply married an obedient bed companion and housewife, let her share his material goods and, in part, his social prominence, and supported various members of her family.

Jimmy, the patient, was born late in the marriage. At his birth, his older brother was eleven, the next ten years old. The mother, always anxious, but warmhearted and tender, devoted herself completely to her youngest child. She indulged him endlessly, her chief interest being to please him. All his wishes were fulfilled and his every expression of displeasure was a command to provide new pleasures. In such an atmosphere, narcissism and passivity were bound to flourish. These were the foundations, the powerful predisposing factors for the boy's further development. The growing brothers abetted the mother's coddling, and for them the little boy was a darling toy to whom everything was given without expecting anything in return.

The father did not concern himself with the boy during the first three or four years of his life. In those days Jimmy escaped the paternal tyranny, and the older brothers' battle against the despot took place outside the little boy's sphere of living. As the two older boys entered adolescence, this battle became more intense and ended in full rebellion. The younger brother, an introverted, artistically inclined boy, exchanged home for boarding school; the older, mechanically gifted, soon

became independent and left the family.

The father was not a man to accept defeat. He simply renounced the older sons and with his boundless energy turned to his youngest, thus transferring the boy from his mother's care into his own. He partially retired from business but continued the pursuit of his financial and philanthropic activities from home. Jimmy, then four years old, spent the major part of the day with his father, and heard his conversations with visitors who were all in a subordinate position to his father and in many cases financially dependent on him. The father became to him a giant, and the boy reacted to his father's efforts to make him active and aggressive and to arouse intellectual interests in him with some anxiety, yet with positive signs of compliance. A strong unity developed, and the process of the boy's identification with his father, which the latter had mobilized, was in full flower.

When Jimmy was seven, his father became the victim of a serious chronic illness resulting in five years of invalidism, during which time he lived at home in a wing removed from the central part of the house. Whether this illness was pulmonary tuberculosis or lung abscess never became clear. The boy saw very little of his father and the most vivid memory of this sickness was his father's malodorous sputum. According to Jimmy's report, his father remained alive only to spit and to smell bad.

Around this time a change took place in Jimmy. He developed a condition which appears to have been a genuine depression. He stopped playing, ate little, and took no interest in anything. Then—in a striking way—he became very aggressive, tyrannized his mother, and attempted to dominate his brothers. His first truancy was to run away to a nearby woods and refuse to come home. He created for himself a world of fantasy and described in a pseudological fashion his heroic deeds and the unusual events in which he had played a prominent role. These pseudologies, typical for his age, may well have been the precursors of Jimmy's future actions. While his mother

—'for the sake of peace' and not to disturb the sick father—continued giving in to him in everything, his brothers now ridiculed him and relegated him to the role of a 'little nobody'.

In the course of the next few years, Jimmy had some difficulties in school. Though he was intelligent and learned quickly, he found it hard to accept discipline, made no real friends, was malicious and aggressive without developing any worth-while activity—'a sissy'—as he characterized himself. Since the father's name carried weight in the community, Jimmy felt with partial justification that nothing could happen to him, his father's son. He was not yet guilty of asocial acts, not even childish stealing.

When he was twelve years old, his once beloved father died. Jimmy did not feel any grief. His reaction was manifested in increased narcissistic demands, the devaluation of all authority, and in a kind of aggressive triumph: 'I am free—I can do whatever I want'. Soon afterward, his asocial acts began to occur.

Before we discuss his pathology, let us say a few words about this boy's relationship to his father, which suffered such a sudden break. In this alliance with his father, which began in his fifth year, the spoiled, passive little boy became in part the father's appendage. Identification with the powerful father created a situation in which the ego was simultaneously weakened and strengthened. When he had been in competition with the father, he was forced to feel small and weak, but when he accepted as a criterion of his own value his father's verdict: 'You are my wonderful boy', and his plans for the future: 'You will be my successor', then Jimmy's self-conception and ego image resembled his marvelous father, and his narcissism—originally cultivated by his mother—received new powers from his relationship with his father. In his seventh or eighth year Jimmy lost this 'wonderful' father (not yet by death, but by devaluation), and his *own* conception of himself as a 'wonderful boy' suffered a heavy blow.

The events of later years give more understanding of what

took place in this period which was so fateful for him. As mentioned before, I first saw Jimmy when he was fourteen years old.

FIRST PHASE OF TREATMENT

I was determined to resist accepting Jimmy for treatment. I had never had any experience in treating juvenile delinquents, associating such cases with Aichhorn and his school, which I considered outside my sphere. I yielded, however, to the pressure of the boy's mother, whom I knew and respected, and to the pleas of the heads of the social agency. Because of the uncertainty of my approach and in contrast to my usual habit, I made notes of Jimmy's behavior. They contain the results of four to six interviews. At the time they seemed somewhat sterile to me and yet, regarding them in the light of later insights, they are extraordinarily illuminating. The interviews took place in 1935.

Jimmy was a typical young psychopath. He was increasingly unable to submit to the discipline of school. There was a repetitive pattern in his pathological acting out. At first he ingratiated himself by doing quite well; after a time he became insolent and rebellious toward his superiors, seduced his friends to break discipline, tried to impress them by the extravagance of his financial expenditures, and started quarrels and fights only to escape in a cowardly fashion under the ridicule of his companions. He forged checks with his mother's or older brother's signatures and disrupted the school and the neighborhood by his misdeeds. Every attempt to bring about his adaptation by changing schools ended in truancy. Toward me he behaved very arrogantly. With an obvious lack of respect he stated that he had not come of his own accord. He claimed nothing was wrong with him; that it was 'the others' who would benefit by treatment.

He admitted he had again run away from school, and that this has been bad for him, and insisted that his trouble started

when he began to 'grow very fast'. He wanted to remain a little boy; when he was little he was his father's pet. His father used to say, 'Just wait until you are grown-up: *we* [father and he] will show the world'.

Jimmy complained that the boys laughed at him; but 'You know', he said, 'I can defend myself'. Sometimes he was sincere and admitted that essentially he was helpless and weak: 'You know, they never took me seriously at home. For my big brothers I was sort of a puppet, a joke. I was always a kid whose ideas did not count and whose performance was laughable.'

School was like home. He had difficulties because not to learn meant showing them, 'I can do what I want, and do not have to obey'. He forgot everything he learned, so 'Why learn', he asked, 'if I forget it?' He told me that his father had cursed his brothers: 'I will show them', he had said, 'they will end up in the gutter without my help'. But to his father, Jimmy was different: father based all his hopes on him. When he was a little boy he felt that nothing could happen to him because his father was very powerful. Everything was subject to his father and together they were allies against all hostile influences. His father's sickness changed all this. The big promise, 'We will show them', could not be redeemed. The brothers were now stronger than he. They ridiculed him and he was waiting to be grown-up; then he would show them!

In school it was always the same story. The teachers and especially the headmasters were 'no good'. They pretended to be something they were not. Of course he did not wish to obey them. He knew at least as much as they did, but they refused to acknowledge it. The boys were no good. Some might have been but they were led on by the others. And all this was instigated from 'above', because 'they' knew that he would not let himself be put upon.

In this short period of observation I learned that Jimmy was infuriated by not being acknowledged as someone special; some of his complaints had an uncanny, paranoid character.

During our meetings, Jimmy played the undaunted hero, but with no trace of any emotion. One got an impression of great affective emptiness in him. All his asocial acts were his means of showing that he was something special. Stealing, debts were ways of obtaining money for the purpose, one might say, of buying narcissistic gratifications. He rebelled against all authority and devalued it. The moment he perceived that the methods he employed no longer sustained his prestige, his displeasure quickly mounted and drove him away.

With me he was overbearing, arrogant, cocksure. One day he came with the question: 'Are you a freudian?' He then proceeded, most unintelligently, to lecture me about analysis with catchwords he had picked up, or remarks based on titles he had seen. For instance: 'That thing about civilization is particularly idiotic'; or 'The old man [meaning Freud] isn't even a doctor'. When I tried to point out to him that, after all, he did not know anything, and that I believed he talked so big because he was afraid, he stopped coming; as usual, a truant.

He presented such a typical picture of a juvenile delinquent that I felt concern about his future, wondering whether he would eventually become a criminal. His lack of affect, inability to form human relationships, and paranoid ideas led me to consider the possibility of an incipient schizophrenia.

SECOND PHASE OF TREATMENT

I did not see Jimmy for eight years, but remained in contact with several people close to him. Some of the news about him was reassuring. He nevertheless confronted those around him with one problem after another. These were truancies in a more adult sense. He accepted positions which he did not keep, responsibilities he failed to meet. He made promises and broke them, with serious consequences to himself and to others. He accepted financial commitments, but neglected them so that they ended in failure. He provoked situations

ominous not only for himself but also for those whom he had lured into these situations with false promises which to him, however, were real. Up to the time he came of age, his misdeeds were regarded as youthful indiscretions by the executors of the family estate. At twenty-one, he assumed that he was now financially independent and had already made financial commitments in the most extravagant ventures, when, to his fury, he was placed under legal guardianship.

With his customary bravado, Jimmy volunteered for military service during the war. He reported for duty on his new, shiny motorcycle. Soon he was the center of admiration among his comrades. Neither he nor they had any doubt that he would become one of the heroes of the war. He had, after all, volunteered to protect his fatherland, and his grandiose spending, his hints at connections with military authorities left no doubt that he was someone quite special. In this atmosphere he thrived until one day the news came that a commanding officer, noted for his severity, was to attend inspection. Jimmy had sufficient orientation in reality to realize that one cannot fool military authorities. The 'hero' turned into a truant. But in military life that was not so easy. One does not desert, as one does in civilian life under the auspices of an approving family. On the contrary, one is punished for such actions, and Jimmy could never tolerate punishment. He had an attack of anxiety—which was genuine—and a delusional state—which was not. He was declared to be sick, taken to a hospital, and from there was sent home.

The anxiety had been real, and his fear frightened him. His dream of being a hero was shattered. It is quite possible that under more favorable circumstances Jimmy, like so many other heroes of wars and revolutions, might have made his pathology serve a glorious career. Now he remembered that years ago a woman had predicted just this kind of fear, and he came straight to me for help.

He was in analysis so-called, although it was actually more a supportive therapy, for eight years. The success of this

treatment, while limited, was nevertheless important for him. During that period I witnessed many episodes in his pathological acting out, and gained some insight into its nature. What kept him in treatment, however, was his anxiety which had increased since the war episode. It was evident that the defensive function of his acting out had been sufficiently threatened by reality that it was no longer adequate to hold internal dangers in check.

During the eight years which had elapsed since my first contact with Jimmy, he had been put through high school and prep school by the combined efforts of tutors, teachers, advisors, the head of the child guidance clinic, and his financial managers. They had even succeeded in having him admitted to a college where he stayed half a year. His intelligence and ability to grasp things quickly had, of course, been a help, but further than this he could not go. His narcissism did not permit him to be one of many; his self-love could be nourished only by feeling that he was unique. This desire for 'uniqueness' did not, however, make him a lonely, schizoid personality. He was oriented toward reality which to him was a stage on which he was destined to play the leading role with the rest of humanity as an admiring audience. There were for him no human relationships, no emotional ties which did not have narcissistic gratification as their goal. His contact with reality was maintained, but it was not object libido which formed the bridge to it. He was always active and he surrounded himself with people; he sent out 'pseudopodia', but only to retract them laden with gifts from the outside world.

After Jimmy left college, it was necessary to find him a job, to settle him in some field of work. All attempts at this of course failed. As in his school days, he could not tolerate authority and had no capacity for sustained effort. Success had to be immediate; he had to play the leading role from the start. He decided to become a gentleman farmer. A farm was purchased for him and he worked zealously on the

plans for the farm. The preliminary work was done, the livestock was in the barn, and Jimmy even behaved as a socially responsible person. He created several positions at the farm for his former cronies; the fact that they knew as little about farming as he did was to him beside the point. His adaptation to reality had come to its end, and the enterprise was doomed to failure. Jimmy, however, acquired an elegant country outfit, saw to it that his clothing was saturated with barnyard smells, dyed his hair and eyebrows blond, and appeared among a group of former acquaintances in a New York restaurant as a 'country gentleman'. His farm project was soon involved in various difficulties, and his protégés deserted him; he was in debt, and financial ruin seemed imminent, when his guardians came to his rescue and he was saved by his fortune.

In another episode Jimmy was a great writer. Here his pseudocontact with others was even more intense. He presided over a kind of literary salon where intellectuals gathered about his fireplace, with Jimmy in the center. Short stories were his specialty for, of course, he lacked the capacity for prolonged, patient creativity. He knew how to make life so very pleasant for his literary admirers that they remained within his circle. He had even drawn several well-known writers into his orbit. He already visualized himself as a great writer, and brought a sample of his productivity for me to read. When I seemed somewhat critical (his writing was pretentious and quite without originality) he was furious and told me that I simply did not understand modern literature.

He soon gave up his literary career to become a movie producer. He made connections with men in the industry and spent considerable sums of money, but the result was always the same. At one time he became an inventor and even succeeded in inventing a few small things. It was fascinating to watch the great ado over these little inventions and how he used them to appear a genius to himself and to others. He

had calling cards printed with the identification 'inventor' on them, and set up a laboratory to work out his discoveries. This time he chose as his collaborator an experienced physicist, and within a short period succeeded in making this man believe that Jimmy was a genius. With uncanny skill he created an atmosphere in which the physicist was convinced that his own achievements were inspired by Jimmy, the genius. His pretense that he was a genius was often so persuasive that others were taken in for a short time. Jimmy's self-esteem was so inflated by these reactions from his environment that occasionally he was able to achieve things which to some degree justified the admiration which he himself had generated.

In the course of his treatment I succeeded in getting Jimmy through college. His success in temporarily impressing his teachers as an outstanding student of philosophy was almost a farce. Actually he knew little beyond the titles and the blurbs on the jackets of the books; but on this basis he was able to engage for hours in polemics, and it was some time before he was found out. In these activities Jimmy did not impress us as a real impostor. His transformations from a pseudoimpostor into a real one were only transitory. For instance, he made certain connections by using the name of the above-mentioned collaborator; another time he altered his name in such a way that it was almost identical with the name of a celebrity in a particular field. He was not an extravagant impostor; his pretenses were always close to reality but were nevertheless a sham.

For purposes of comparison, it may serve to summarize briefly the stories of impostors who are closely related to the type described. They differ only in the stability of their chosen roles. A fascinating example is the well-known case of Ferdinand Demara, which was much discussed several years ago.[1] After running away from home, Demara became, in

[1] McCarthy, Joe: *The Master Impostor.* New York: Life Magazine, January 28, 1952.

turn, a teacher of psychology, a monk, a soldier, a sailor, a deputy sheriff, a psychiatrist and a surgeon—always under another man's name. With almost incredible cleverness and skill he obtained each time the credentials of an expert, and made use of knowledge acquired *ad hoc* so brilliantly that he was able to perpetrate his hoaxes with complete success. It was always 'by accident', never through mistakes he had made, that he was exposed as an impostor. In his own estimation, he was a man of genius for whom it was not necessary to acquire academic knowledge through prolonged studies, but who was able to achieve anything, thanks to his innate genius.

Reading his life history, one sees that he was perpetually in pursuit of an identity which would do justice to his narcissistic conception of himself in terms of 'I am a genius', and which at the same time would serve to deny his own identity. This denial of his own identity appears to me to be the chief motive for his actions, as is true in the case of other impostors. In the course of his masquerading, Demara did much capable work and could bask in the sunshine of his successes. His parents had wanted to finance his way through college and medical school but he was never interested in a conventional way of life. When interviewed by reporters he acknowledged his enormous ambition and his need to take 'short cuts'. He declared that he would like for a change to use his own name but that he could not because of all that had happened. Whenever Demara resumes his activities, one may presume it will be possible only under a usurped name or not at all. His statement that he cannot use his own name—however rational it may sound—is nevertheless the expression of a deeper motive.

Another famous impostor of recent years is the 'physicist' Hewitt, who, under the name of Dr. Derry, began teaching theoretical physics, mathematics, and electrical engineering in numerous universities with great success, without ever having

finished high school.[2] Like Jimmy, he sometimes used his own name, but again like Jimmy, under false colors. He impersonated two different actual doctors of philosophy in physics, masqueraded as a nationally known man, and took responsible positions under various names. He had been unmasked twice, yet tried again to achieve success under still another physicist's name.

In Hewitt's life history there are many analogies to Jimmy's history. Hewitt's need for admiration was as great as Jimmy's, and the narcissistic motive behind his masquerading was equally evident. At the beginning of his career as an impostor, Hewitt was somewhat unsure of himself, but when he found himself being admired, his personality unfolded its full capacities. He was able to create for himself an atmosphere of power and prestige. When he felt that his masquerading was becoming too dangerous, he abandoned his project, changed his name, and embarked on another masquerade which became a new source of narcissistic satisfaction. Sometimes he was presented with an opportunity to work under his own name, as he was a gifted and really brilliant man who could have had a successful career. Such offers he always turned down: he could work only under another name, in an atmosphere of tension, in the precarious situation of imminent exposure. Like Jimmy, he regarded himself as a genius and courted situations in which he would be exposed as the counterpart of a genius—a liar, an impostor.

Demara, Hewitt, and Jimmy appear to be victims of the same pathological process of the ego—only the level of their functioning is different.

Demara changed the objects of his identifications perhaps because he was driven by fear of impending unmasking. The objects whose names he temporarily bore corresponded to his high ego ideal, and he was able to maintain himself on the

[2] Brean, Herbert: *Marvin Hewitt Ph(ony)D.* New York: Life Magazine, April 12, 1954.

high level of the men he impersonated. His manifold talents and his intelligence were outstanding, his capacity for sublimation was but little impaired. It was not lack of ability, but psychopathology which made him an impostor.

Hewitt had a much more consolidated ego ideal. His interests were from the beginning oriented toward physics, his talent in this direction even made him a child prodigy; his path was marked out. But he rejected any success which he could realistically achieve through work and perseverance under his own name, and preferred *pretending* under the mask of a stranger's name. The objects of his identification were physicists of repute, men who already were what he would have liked to become. In this as in the other cases, I consider the incapacity to accept the demands imposed by the discipline of study, and the lack of perseverance, to be a secondary motive for becoming an impostor.

Jimmy, in his striving for an ego ideal, appears to us like a caricature of Demara and Hewitt. In contrast to them he was unable to find objects for successful identification because his limited capacity for sublimation and his lack of talent made this impossible for him. He was able to satisfy his fantasies of grandeur only in naïve acting out, pretending that he was *really* in accordance with his ego ideal. On closer examination I was struck by the resemblance of his acting out to the performance of girls in prepuberty. 'Various identifications which later in puberty can be explained as defense mechanisms and which one meets in schizoid personalities as expressions of a pathologic emotional condition, prove, on closer inspection, to have a specific character in prepuberty. They remind us strongly of the play of small children, and seem to be an "acting out" of those transitory, conscious wishes that express the idea, "That's what I want to be like". It is noteworthy that this acting out has a concrete and real character, different from mere fantasying' *(3)*.

Jimmy too acted out his transitory ideals which never became fully established. Compared with Dr. Greenacre's 'psycho-

pathic patients' *(5)*, Jimmy's ideals did not have the character of magic grandeur, and were not so unattached to reality. Quite the contrary. Jimmy always turned to external reality to gratify his narcissistic needs. His emptiness and the lack of individuality in his emotional life and moral structure remind us furthermore of the 'as-if' personalities *(4)*. In contrast to these, Jimmy's ego did not dissolve in numerous identifications with external objects. He sought, on the contrary, to impose on others belief in his greatness, and in this he often succeeded. His only identifications were with objects which corresponded to his ego ideal—just like the impostor Hewitt, only on a more infantile level. Another difference is that the 'as-if' patients are not aware of their disturbance, whereas Jimmy, while firmly pretending that he *was* what he pretended to be, asked me again and again, sometimes in despair: 'Who am I? Can *you* tell me that?'

In spite of these individual differences between the various types, I believe that all impostors have this in common: they assume the identities of other men not because they themselves lack the ability for achievement, but because they have to hide under a strange name to materialize a more or less reality-adapted fantasy. It seems to me that the ego of the impostor, as expressed in his own true name, is devaluated, guilt-laden. Hence he must usurp the name of an individual who fulfils the requirements of his own magnificent ego ideal. Later we shall see that Jimmy's fear of being unmasked as an impostor increased when he began to be successful under his own name and figure.

As his treatment proceeded, Jimmy's fears increased as his acting out lessened. With this change of behavior he entered a new phase in his therapy: the phase of anxiety. It was this phase which revealed more of the nature of the process. But this does not mean that the phase of acting out was free of anxiety. It was anxiety that brought him to me, and anxiety kept him with me. In time, his increasing anxieties assumed

a more hypochondriacal character. He examined his body, his pulse, etc., and wanted to be certain that a physician could be reached. It was not difficult to assume that a man whose personality was limited by an unsuccessful identification with his father repeated his father's disease in hypochondriacal symptoms.

By and by Jimmy gave up his grotesque acting out and his behavior became increasingly realistic. First, he founded an institute for inventions. This project was still in accordance with his fantasy of being a great inventor. Because he had associated himself with a friend who, despite his naïve belief in Jimmy, was genuinely gifted scientifically and had already achieved recognition, and because of the considerable sums of money available, Jimmy gradually worked his way toward acquiring a going concern. Here, for the first time in his life, he functioned well and enjoyed a certain solid respect. He limited his acting out to founding a colony for artists in which he acted the role of a 'brilliant connoisseur of art'; also he set up for himself some sort of an 'altar' at home. He married a girl with an infantile personality who blindly believed in his 'genius' and adored him. When she began to have doubts, he simply sent her away and threatened her with divorce. Love he never experienced; even from his children he expected gratifications for his narcissism and he hated them when they failed him in this respect.

The condition which now confronted us seemed paradoxical: the more effectively he functioned in reality, the more anxiety he developed. In the days when he had really been a swindler, he never feared exposure. Now that he worked more honestly and pretended less, he was tortured by the fear that his deceit might be discovered. He felt like an impostor in his new role: that of doing honest work. Obviously he remained an impostor after all, and in his very real personal success he now had an inner perception of his inferiority. In the beginning, we had had the suspicion that Jimmy always feared his own inferiority, and that he was hiding his anxiety

behind a bloated ego ideal. It could now be better understood why he inquired after his identity, why he had the depersonalized feeling, 'Who am I really?' In this he reminds us of those more or less neurotic individuals who, having achieved success, experience like Jimmy the painful sensation: 'I am an impostor', stemming from the same inner motivation.

Jimmy's anxieties gradually acquired a phobic character. His professional activities were impeded by a fear of leaving town and of being too far from home. This evidently represented a counterphobic mechanism against his earlier running away.

Thus we may speak of a certain success in his treatment which was never a psychoanalysis. In my forty years of practice I have never seen a patient as little capable of transference as Jimmy. He and I sometimes talked of 'hot-air therapy', for I called his grandiose acting out, 'hot air', until it was greatly devalued. At the same time I appealed to his narcissism by showing him what he could really achieve. In this way we continued for eight years. About two years ago I passed him on to a colleague who is continuing the therapy.

Reviewing Jimmy's pathological behavior chronologically, the connection between his preadolescent delinquency and his later acting out becomes clear. By the phrase he used when he came to see me as a fourteen-year-old, 'I became grown-up too fast', he meant to say that he did not yet feel capable of playing the role his father had assigned to him for a time when he would be grown-up. His high ego ideal, cultivated by the father and an identification with the 'great father', did not permit him—despite a certain degree of insight—to wait for the process of growing up to take place. He demanded that the world treat him not according to his achievements but according to his exalted ego ideal. The refusal of his environment to do so was an attack on himself, on his grandeur, on his ego ideal. This feeling that hostile elements were aligned against him grew at times into paranoid reactions. He responded to these insults in a way which brought him to the

borderline of real criminal behavior; but when he began to feel that he was defeated, he ran away.

Perhaps if he had had enough aggression at his disposal, he would have continued his career as a criminal. An appeal to his conscience was fruitless, as, after all, he considered himself to be a victim and his actions as self-defense. Maybe this is true of all juvenile delinquents. Social injustice and a desire to avenge oneself for it is often given as a reason for delinquent behavior. In Jimmy's case such a rationalization could not be used.

His passivity led him in another direction. Instead of fighting for his narcissistic 'rights', he found less dangerous and more regressive methods of asserting his ego ideal. What he was not, he could become by 'pretending'. Only when this was made impossible for him—first through external reality (the army), then through his treatment—was he overwhelmed by anxiety and feelings of inferiority, and one could then realize the defensive function of his pathological behavior.

We suspect that Demara and Hewitt, the other two impostors mentioned, were also hiding such an ego through identification with someone else's ego, by means of what might be called a 'nonego ego'. In these cases of a more solidly constructed imposture, the inner anxiety is partly projected to the outside, and the impostor lives in perpetual fear of discovery. Jimmy did not fear such discovery, for he had not assumed another's name. What threatened him was that if his 'pretending' were to be unmasked, he would be laughed at, as he was once ridiculed by his brothers and later by his schoolmates. He developed real anxiety only when he gave up 'pretending' so that both he and others were confronted with his 'true' ego.

Let us consider the causes of Jimmy's pathology: Dr. Greenacre *(5)*—in agreement with other writers—finds etiological factors in the emotional deprivation of psychopaths and delinquents. Her emphasis rests on the combination of both indulgence and severity on the part of the parental fig-

ures; this is in accordance with Wilhelm Reich's conception of the character structure of the psychopath *(8)*. The emotional climate of Jimmy's childhood was different, but evidently no less disastrous. Whereas Dr. Greenacre's patient was emotionally deprived, Jimmy was overloaded with maternal love. I knew the mother very well, and I know that she was one of those masochistic mothers who, loving and warm-hearted, completely surrender themselves for the benefit of others. She was a masochistic victim not only of the despotic father, but also of her children, especially Jimmy. Her last child's every wish was granted. Any active striving he had was paralyzed through premature compliance; every need for wooing and giving was smothered by the mother's loving initiative in meeting his demands.

I believe that the emotional 'overfeeding' of a child is capable of producing very much the same results as emotional frustration. It contributes to an increase of infantile narcissism, makes adaptation to reality and relationships to objects more difficult. It creates intolerance of frustration, weakens the ego's ability to develop constructive defenses, and is in large measure responsible for passivity.

Jimmy's relationship with his father was very well-suited to strengthen the predisposition created by the mother. The powerful, despotic personality of the father contributed to Jimmy's passivity, and the father's narcissism prepared the ground for Jimmy's later, fateful identification with him.

These attitudes of the parents created a predisposition for the pathological development of the boy. But it was a traumatic experience which activated this predisposition. The father's sickness and isolation caused an abrupt interruption of the normal maturing process of Jimmy's ego. The frustration stemming from the fact that Jimmy was no longer able to feel himself to be part of a great father crippled his ego which was not yet strong enough to endure the brutal attack of separation. The enforced awareness of his self as being distinct from that of his father was anachronistic in his devel-

opment. The normal process of identification had not yet reached that degree of maturity from which further development would have been possible.

Simultaneously with the separation from his father came the devaluation of that 'powerful' figure. Consequently, the character of his identification also underwent a change. What had so far strengthened his ego was no longer available. With the devaluation of the father, a shadow fell across his own identified ego. The fact that the traumatic event occurred in the latter part of latency was decisive for Jimmy's psychopathology. As we know, this period is of utmost importance for the maturation of the ego apparatus, for the establishment of a less rigid superego, and for the capacity to cope with reality. In a normal, gradual development of a boy in latency, not harmed by trauma, Jimmy would have transferred his identification with the father onto other suitable objects. Eventually his ego would have been ready to assimilate the identifications into the self, and to achieve a reliable degree of inner stability. His ambivalent sexual relationship to the father would have yielded to tender love, and a path toward reality and toward the formation of constant object relationships would have been made.

The pathogenic force of this trauma was due to two factors: first, its suddenness; second, its daily repetition during the four years that preceded his father's death. As a result, regressive forces in the ego replaced progress in development, and the whole process of sublimation was impaired.[3] The boy was incapable of goal-oriented endeavor, because he was unable to postpone reaching an attempted goal. The fact that his relationship to the father never became desexualized was revealed in his masturbatory fantasies of a passive-feminine-masochistic character and in his fears of homosexuality. His relationship to his mother became submerged in his identification with her as his father's debased sexual object. The manifestations

[3] There are psychopaths endowed with great capacities for sublimation and creativeness, although their ego functioning is gravely impaired.

of this identification could be traced back from his recent masturbatory fantasies to that period of his childhood in which he had been enuretic *(7)*.

It is interesting to observe pathology in what is commonly agreed to be 'normal'. The world is crowded with 'as-if' personalities, and even more so with impostors and pretenders. Ever since I became interested in the impostor, he pursues me everywhere. I find him among my friends and acquaintances, as well as in myself. Little Nancy, a fine three-and-a-half-year-old daughter of one of my friends, goes around with an air of dignity, holding her hands together tightly. Asked about this attitude she explains: 'I am Nancy's guardian angel, and I'm taking care of little Nancy'. Her father asked her about the angel's name. 'Nancy' was the proud answer of this little impostor.

Having referred to 'normal impostors', I should clarify my conception of the term 'impostor'. The pathological impostor endeavors to eliminate the friction between his pathologically exaggerated ego ideal and the other, devaluated, inferior, guilt-laden part of his ego, in a manner which is characteristic for him: he behaves as if his ego ideal were identical with himself; and he expects everyone else to acknowledge this status. If the inner voice of his devaluated ego on the one hand, and the reactions of the outside world on the other hand, remind him of the unreality of his ego ideal, he still clings to this narcissistic position. He desperately tries—through pretending and under cover of someone else's name—to maintain his ego ideal, to force it upon the world, so to speak.

A similar conflict, though in a milder form, seems to exist also in the normal personality. In the complex development of a 'normal' individual, there are certain irregularities, and only seldom can a successful harmony be attained. Perhaps the identity between the ego ideal and the self is achieved only by saints, geniuses, or psychotics. As one's ego ideal can never be completely gratified from *within,* we direct our

demands to the external world, *pretending* (like Jimmy) *that we actually are what we would like to be.* Very often we encounter paranoid reactions in normal personalities, which result from the fact that their environment has refused to accept an imposture of this sort.

Both history and belletristic literature are rich in impostors. Thomas Mann's story about the impostor Felix Krull shows the most profound understanding of this type *(6).* It is amazing to consider how the psychological genius of a writer is able to grasp intuitively insights at which we arrive laboriously through clinical empiricism. The passivity, the narcissistic ego ideal, the devaluation of the father's authority, and the complicated processes of identification of the impostor Felix Krull are very well understood by Mann; and even the profound similarity between the shabby Krull and the wealthy, distinguished prince whose name and existence Krull, the impostor, takes over, is well understood by the writer.

I wish to close by repeating what I stated at the beginning. The case here discussed represents only a certain type of psychopath. I believe that such an individual typologic approach to the large problem of psychopathy may prove very fruitful.

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Etiology and Therapy of Overt Homosexuality

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ETIOLOGY AND THERAPY OF OVERT HOMOSEXUALITY

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Although the origin of latent homosexuality has been discussed frequently in psychoanalytic literature, there has been no definition of those factors that lead to the eruption of overt homosexuality. Many patients have strong latent homosexual impulses, but do not act out these impulses, just as many neurotics show tendencies to destroy, set fires, or steal, yet never carry out these actions. This paper attempts to define the impetus that leads to acting out of homosexuality.

BACKGROUND OF STUDY

Research by Szurek and Johnson[1] showed that such antisocial behavior in children as repeated stealing and arson is stimulated by similar antisocial impulses in their parents. Collaborative therapy of children and parents makes it clear that parents unwittingly seduce their children into expression of the parents' own forbidden impulses, thus giving the parent unconscious vicarious gratification. A specific defect in the child's superego duplicates a similar distortion in the personality of the parent. Such children and their parents show various degrees of neurotic as well as antisocial behavior, but emphasis in Johnson and Szurek's research was on the specific source of the permission to act out and the reasons for the permission.

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[1] Johnson, Adelaide M. and Szurek, S. A.: *The Genesis of Antisocial Acting Out in Children and Adults.* This QUARTERLY, XXI, 1952, pp. 323-343.

The process of unconscious communication of the parental wishes and sanctions to the child is the key that must be sought in the analysis of all such cases. Although verbal expression is often an important force in communication between parent and child, it is by no means the only force. The parent's conscious and unconscious images of the child, the parent's hopes, interests, fears, and frustrations are felt by the child through parental gestures, intonations, bodily movements, provocative smiles, and maneuvers. Time and again, instead of a firm, direct statement, 'double talk' is employed by the parent. It is no wonder that the parental reproof, 'If you had to take money, why didn't you take it from my purse?' constitutes an effective invitation to steal. A parent's intense interest in a child's account of its misadventures can be communicated to the child in such a manner that no subsequent punishment will serve to prevent repetition of the acting out.[2]

PRESENT STUDY

Why does the impulse to homosexuality become overt? Clinical data indicate that overt homosexuality in some adult male patients initially resulted from the unconscious permissiveness of one parent, with the other parent more or less condoning. It is suggested that overt homosexuality, as well as other aberrant behavior, may be induced or persist through the technique employed by a therapist. Recognition of this fact is important in therapeutic management of homosexuality.

Three of the four homosexual patients to be considered genuinely desired to overcome their homosexuality. The fourth patient came to treatment for other reasons; his conscious homosexual impulses found overt expression only after therapy was begun. All these patients presented behavioral and affective disturbances in addition to their sexual problems. In none was homosexuality the only form of sexual gratification.

[2] Litin, Edward M.; Giffin, Mary E.; Johnson, Adelaide M.: *Parental Influence in Unusual Sexual Behavior in Children.* To be published in This QUARTERLY in 1956.

CASE I

The first case demonstrates that the mother had long been unconsciously seductive with her son and that this parent's specific permissive impulse, communicated to the patient as an adolescent, induced his overt homosexual behavior. His father was obsessed with business and had little association with his wife and children. The patient thought of him as a stern man who failed to understand him, did not sympathize with his loneliness, and disparaged his ambitions. His mother, who was still alive, dominated her children, especially the patient, with her ambivalent solicitude. She continually worried over her son, emphasizing his frailty, his need for her close care, and his finicky eating. The patient made a strong, hostile, feminine identification with her. More recently her solicitude was expressed in frequent telephone calls and presents, with the expectation that her son would reciprocate with expressions of love and frequent visits. The maternal grandmother had played a similar role. The boy was consequently exposed to teasing as a 'sissy'.

He was thirty-four years old, unmarried, when he came for treatment because of insomnia, indecision, periodic gastric distress, a tendency to withdraw from others, and an increasing impulse toward homosexual gratification. The homosexuality had been manifest in his late adolescent and early adult life. During the past three years he had been interested in women and in men, but was active sexually only with men.

The patient's first homosexual experience occurred as follows. The mother became interested in a church organist who soon was a frequent guest in the home. The patient recognized his mother's interest and his father's dislike of this visitor. The mother encouraged the patient to take trips with the organist. Clearly she identified her son with herself, encouraging his relationship with her potential lover. During one such trip the organist seduced the patient to practice fellatio—his first homosexual experience. The same thing happened on subsequent

trips forced on the adolescent by his mother. Some time later a loud and angry argument occurred between the parents and the organist never visited the house again. This ended the homosexual relationship. In therapy, the patient expressed his hatred of his mother for encouraging this association with the seducer.

In the nine months of psychoanalytic treatment before therapy was discontinued when his occupation took him to another city, the patient was active in working out the psychogenesis of his homosexuality. The therapist interpreted in the customary way, but otherwise listened passively to the account of the patient's homosexual activities. It was apparent that homosexual activity during therapy consistently followed an actual or supposed rebuff by a woman. This was demonstrated to the patient, but his homosexual discharge of anxiety was not forbidden. The therapist's attitude, tacitly expressed by his passivity, may have been interpreted as permission for homosexual acting out; it repeated the permission previously given by the hated mother.

Our next case demonstrates that the overt homosexual activity may occur in an individual with strong latent homosexuality when the therapist inadvertently behaves permissively.

CASE II

This patient, twenty-four years of age, came to treatment complaining of recurrent anxiety and depression associated in his mind with his inability to leave home and make a success of his life. He gave piano lessons and lived with his parents. His older brother was a masculine and successful man who had a comfortable relationship with the parents and had been able to separate himself from them. The patient stated early in treatment that he had been fearful for three years that he might become overtly homosexual.

The patient's father had been married twice; the first wife died. A half sister was seven years older than the patient. The

patient's mother was always ambivalent toward him. She had always been annoyed by having to give of herself to him and often reminded him that he was too demanding. She had, however, great anxiety about any adventurousness or spontaneity on his part. When the patient was four, his father spent two years in a sanatorium for tuberculosis. The patient recalled that being alone with his mother at that time was idyllic. There was much physical contact then between the patient and his mother and he said that after the father's return he never again felt so happy.

The father liked, even at the age of seventy-five, to exhibit his physical strength before the patient and his friends. The patient had participated between ages six and eleven in many outdoor activities with his father, but the mother always showed concern lest he be sick and was continually trying to restrain his interest in sports and other activities with boys. In later years the father also spoke of the boy's lack of physical stamina.

At the age of eleven, while the patient was struggling to work out his ambivalent competitive relationship with his father, his mother and older half sister commiserated with him, protecting him in a seductive way from the father. The half sister expressed hostility toward her father and his alleged meanness, and disparaged the father in long conversations with the patient. From that time, the patient submitted to a predatory closeness with this half sister. She called him her 'first love' and maintained, even after she married, that the patient was first in her life. She had him run errands and wait on her. Early in treatment this man had no awareness of his resentment toward this sister, but spoke with satisfaction of being more important to her than her husband. When he frustrated the wishes of his mother and half sister, they exhibited hysterical symptoms and flew into rages. For a long time they were able to manipulate him by means of this behavior. Both women discouraged him from close friendship with other men and women. The patient had few dates with girls, and his only

friends were several artistic, effeminate men.

There was much evidence of strong, hostile, feminine identification and latent homosexuality, expressed in fantasies of physical contact with men. As the patient's fantasies about a certain man and the possibilities of a homosexual relationship with him developed in analysis, the therapist, a student under supervision, actively encouraged the revelation of homosexual fantasies in relation to himself. As anxiety developed in the patient because of these transference fantasies, he became resistant. In an attempt to allay this anxiety, the therapist himself provided some details for the fantasies. The patient thereupon for the first time in his life entered into homosexual acts with the man about whom he had been having fantasies. Analysis of the events leading to the homosexual acting out, with frank admission by the therapist of his error in implicitly giving permission, made possible continuation of the treatment.

Two other cases have shown us the importance of prolonged seduction by the mother and of the genital frustration caused by her emphasis on her son's identifying himself with her early in life as well as in adolescence and manhood. The father condones this seduction and emphasis. One of these cases is reported below.

CASE III

A thirty-two-year-old lawyer with a very responsible position in a large city came to treatment because he was becoming increasingly depressed, was miserable at home with his wife and children, and feared that his overt homosexuality was dangerous to his career. He was an only child, a sister having died in infancy before the patient was born.

The patient's father, a driving, creative businessman, was away from home throughout much of the first five years of the patient's life. His mother, assisted during several long periods by rigid, unsympathetic nurses, had an ambivalent relationship with the patient. Thumb-sucking was drastically prohibited,

and his mother made him sit for hours while she attempted to force him to eat. Any minor naughtiness resulted in a spanking, followed immediately by the mother's cuddling her son on her lap and kissing him to stop his tears and bring about an immediate reconciliation with her. She suffered from migraine and required the patient even as a small boy to massage her head and stroke her back while they lay in bed. This early hostile and seductive dependence upon her resulted in a hostile identification.

The parents' sexual relationship was unsatisfactory, a fact not learned from the patient. When at three the patient began clutching his genitals, his mother had him circumcised. At five, when the father began to spend more time at home, the patient felt he could never win his affection. The mother protected him from the father, although basically the father was friendlier than the mother. As the years passed, the patient felt in the wrong with his father, who was a man with little formal education and disparaged women and anything artistic. The mother enslaved herself to the father, explaining to the patient that the father was an important captain of industry. The patient, continually seduced by the mother, feared his father but also longed to win and placate the father as his mother did, and as she encouraged him to do.

The patient in adolescence became rather obese, considered himself a 'sissy', and was terrified of appearing feminine. He knew he was a 'mother's boy'. His father disparaged 'sissies' and often warned his son against homosexuality. The patient and his mother commiserated over the father's despotism, and yet they attempted to regard the father as the brilliant, charming person known to the public. From the time when her son was eight and into his adolescence, the mother often asked him to assure her that her breasts were not so large as to spoil her beauty; his judgment, she said, was 'as dependable as any girl's'.

During his first year in a university the patient had many dates with girls and 'fell in love' with the belle of the campus, whom he asked to marry him. His mother raised many objec-

tions. He confided to his mother that he was too much interested in having boys like him, and that he rather worshiped some of them. His mother advised him to see more of men and less of girls, and laughingly said, 'It is less dangerous to love men than women'. Soon the patient had his first homosexual relationship. When the mother, a few years later, objected to the patient's engagement, he eloped with his fiancée.

In analysis the patient was repeatedly furious as he realized how his mother had kept him for herself and had sanctioned his close relationship with men. By this time his anger prompted the conscious wish to ruin the family reputation and himself. His homosexual affairs became extensive and dangerous to him and his family. Until this time the patient had acted out, without any awareness of anger toward the woman therapist. Anger meant punishment by the mother and perhaps a seductive reconciliation.

It seemed wisest for the therapist not to encourage the patient's self-destruction, as his mother had done, but rather to prevent further acting out. To this end the patient was told that he was relieving tension through his homosexual behavior, that the therapist could not be a party to his self-destruction as his mother had been in the past, and that treatment must cease if there was further homosexual behavior. The patient became furious at the therapist, and threatened suicide and termination of treatment. The therapist remained firm, and remarked that she could not be threatened into continuing a relationship that clearly could lead only to his ruin. For several months the patient raged and threatened and charged that the therapist, like his mother, was keeping him for herself. He became aware, however, that the therapist was not seductive, as his mother had been after an outburst of rage, nor was the therapist giving sanction, as his mother had done, to his homosexuality. He became fully convinced that the therapist could let him go and that there would be no seductions to propitiate his rage.

After this stormy period, the analysis proceeded like other

analyses of neuroses. For approximately thirty months the patient found it almost impossible to conceive that there could be any tenderness in women. Rage occurred often during therapeutic sessions, but he suffered almost none of the violent depression that had occurred before his acting out was forbidden.[3]

COMMENT

In all but the second of our cases, overt homosexuality was caused by the mother's overseductive relationship with her son, her frustration of his heterosexual drive, and her sanction of his homosexuality. The major determinant of the homosexuality was the hostile, passive, feminine identification with the mother, which occurred early in life. The mother showed little real tenderness and prevented masculine identification with the father, who did not fully protect the son from the mother, partly because he was often absent from home.

The second case illustrates that the therapist may give permission for homosexual acting out and thus cause it to occur. These cases, and our experience with adolescents, show that therapists must in some instances consider their attitudes in order to prevent the eruption of homosexual behavior in their patients. Psychiatrists and analysts to whom a patient in late adolescence says, for example, 'I certainly never accepted any homosexual invitation', sometimes reply, 'Why not?'. This answer is confusing and may be implicitly permissive. Answering an adolescent in this way is dangerous.

In our third case, the therapist intervened to stop the patient's homosexual activity. Such intervention should not occur until the data disclosed in treatment clearly indicate that the parents' seductiveness and permissiveness encouraged overt homosexuality. A strong positive transference has usually been established by the time such data have become apparent. The

[3] Since this paper was presented the patient acted out homosexually. The patient's treatment was terminated and he was advised to seek treatment with another therapist which he did.

reason for intervention is explained to the patient; it therefore does not seem to him a mere authoritarian demand. When the therapist makes it clear to the patient that if homosexual behavior continues therapy must be stopped, the therapist must be prepared to discontinue treatment until the patient is willing to give up the behavior and face the consequent frustration, anxiety, and rage that then ensues.

Freud[4] sometimes insisted that certain patients give up destructive sexual gratifications and that others face their phobias for the sake of treatment. In our technique, the therapist by his intervention causes the patient to face the anxiety aroused by his hostility to the hated parent. The interpretation resolves the transference to the analyst as the seductive and hated mother. It is our impression that for this intervention to succeed, there must exist no other channels for antisocial acting out, such as pathological lying or stealing. Such channels must come under control if the prohibition of homosexual activity is to succeed. The technique is under study by continuing treatment of the previous patients and its eventual value will be determined in the future.

CONCLUSION

In four male patients overt homosexuality first occurred as the result of unconscious permissiveness by a seductive parent or parent-substitute. Therapists must be on guard lest they repeat that permissiveness. The therapist may facilitate analysis of the patient's basic conflicts by a well-timed prohibition of self-destructive homosexual activity.

[4] Freud: *Turnings in the Ways of Psychoanalytic Therapy.* Coll. Papers, II. London: Hogarth Press and the Institute of Psychoanalysis, 1924, pp. 392-402.

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Homosexuality and the Paranoid Psychoses as Related to the Concept of Narcissism

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HOMOSEXUALITY AND THE PARANOID PSYCHOSES AS RELATED TO THE CONCEPT OF NARCISSISM

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Since the publication of Freud's analysis of the Schreber case *(7)*, psychoanalysts have accepted the theory that there is a close connection between latent homosexuality and the paranoid psychoses. All psychoanalytic studies of paranoid patients confirm Freud's original findings, according to Fenichel *(6)*. Psychiatrists who have investigated large numbers of paranoid patients do not, however, agree with this view. Henderson and Gillespie, for instance, who are not unsympathetic to freudian treatment of psychoneuroses, conclude from their experience that 'the importance of homosexualty in the etiology of paranoia is not so widespread as the psychoanalytic school would have it' *(11*, p. 385*)*.

In a recent report, Aronson *(2)* summarizes the attempts of psychiatrists to confirm Freud's hypothesis by noting the presence of homosexual content in the delusions of paranoid patients. Only one of the studies showed an incidence of homosexual tendencies greater than twenty percent. The exception is the report of an analyst who found that in a group of forty paranoid schizophrenics, fifty-five percent showed homosexual tendencies. The analyst used a criterion of homosexuality somewhat more inclusive than that used by the other investigators since, in addition to the usual behavioral evidence, he included words or acts showing 'symbolic expressions of homosexuality'.

The present writer in a review of twenty-four cases of para-

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The writer wishes to acknowledge his appreciation to Dr. Edoardo Weiss and Dr. Roy Brener for their encouragement and assistance in the preparation of this paper.

noid schizophrenia, whose delusions were recorded in detail, found homosexual content in five. In the much less extensive literature on paranoid schizophrenia in females, there seems to be general agreement that homosexual content is even more rare than it is in male paranoids *(12)*.

If latent homosexuality is such an important etiological factor in paranoid psychoses, why does it not assume a more manifest form during the psychotic state in the majority of cases? After all, the psychosis represents a breakdown in ego defenses and the eruption of unconscious processes into consciousness.

Freud's concept of latent homosexuality presents a number of problems. In his article on the Schreber case, and in other papers, he expresses his belief that homosexuality is latent in all individuals to some extent. If this is so, what differentiates the latent homosexuality of the normal person from that of the paranoid? Is it a difference in intensity of the impulse, in its method of expression, or in the type of defense utilized? On the other hand, Freud is explicit in his statements that the homosexual conflict is more characteristic of paranoia than of schizophrenia in general. Because of this distinction he concludes that 'Paranoia should be maintained as an independent clinical type, however frequently the picture is complicated by the presence of schizophrenic features' *(7,* p. 463). He emphasizes this point again when he declares that 'it is not at all likely that homosexual impulses, which are so frequently (perhaps invariably) to be found in paranoia, play an equally important part in the etiology of that far more comprehensive disorder, dementia praecox' (p. 464). Finally, Freud contrasts the depth of regression in schizophrenia with that in paranoia. Regarding schizophrenia he says, 'Regression travels back not merely to the stage of narcissism (manifesting itself in the shape of megalomania) but to a complete abandonment of object love and to a restoration of infantile autoerotism' (p. 464).

Freud suggests that because there is less regression the prognosis should be better in paranoia than it is in schizophrenia. A glance at the psychiatric literature certainly does not bear out this prediction; 'pure paranoia' has long been considered extremely or totally resistant to treatment. The studies of paranoid schizophrenia (a much more common diagnosis than paranoia) are not as conclusive. Recovery rates for paranoid schizophrenia are generally reported as higher than for hebephrenia, but in most studies of outcome it is the catatonic form of the psychosis that has the best prognosis *(4)*. This again would not be expected from Freud's inference regarding depth of regression, since many of the manifestations of catatonic schizophrenia represent regressive phenomena of the severest type. Perhaps it is the fixity of the pathological process, rather than the depth of regression, that is decisive in these cases.

NARCISSISM AND EGO LIBIDO

Failure to confirm Freud's hypothesis regarding the universality of the relationship between homosexual tendencies and paranoia leads one to question Freud's interpretation of the mechanism in paranoia. According to his theory, schizophrenic psychoses are produced by the withdrawal of libido from objects and the subsequent turning of this libido onto the ego, resulting in a state of 'primary narcissism'. In the more regressive forms of schizophrenia the patient remains in this narcissistic state, whereas in paranoia he attempts to regain his contact with objects, the so-called efforts at 'restitution'. By this maneuver he has partially freed himself from the narcissistic fixation but has not been able to advance far beyond this state. His restitutive attempts apparently result in homosexual fixation. The delusions of the paranoid are then interpreted as expressions of homosexual impulses or as defenses against them. Freud's entire theory of the etiology of paranoia rests, therefore, on his conception of 'narcissism'. If this view is

challenged, there is no logical necessity for regarding paranoia as primarily an expression of latent homosexuality.

In recent years there has been a tendency to question the usefulness of the term narcissism. Weiss *(19)* says that 'the whole concept of narcissism must be revised'. Evidence from many sources *(5, 9)* shows that transference occurs in schizophrenics, and this fact suggests that Freud's distinction between narcissistic neuroses (psychoses) and transference neuroses is invalid. Although it is undeniably more difficult to establish contact with a psychotic than with a neurotic, the question still remains whether this greater difficulty is due to greater narcissism or to other factors.

One of the greatest obstacles to an understanding of the concept of narcissism is the confusion in the use of this term. Balint says: 'Several concepts were thrown together under the term "narcissism" which are certainly related to one another but yet describe different experiences. First, autoerotism which, as we have seen, was originally a simple instinct-psychological description, almost purely biological. It denotes the phenomenon of self-gratification and nothing more, and does not state anything about object relations. . . . By narcissism in its narrowest sense one understands at least two different things. First, a kind of investment in the libido, i.e., the fact that the person in question loves himself; second, that relation to the external world in which the person does not take any or enough cognizance of reality. Since facts which build up two of these three interpretations can certainly be observed in newborn babies, namely autoerotism and the narcissistic behavior toward reality, one later comes to regard the third interpretation, narcissistic love or self-love, also as primary, as inborn' *(3,* p. 65*)*.

Balint's analysis makes it evident that the concept of narcissism as it has usually been used in analytic literature is too inclusive. Autoerotism and lack of cognizance of reality are present at birth. Loving one's self as an object must necessarily come at a later stage of development. Freud states that the

autoerotic instincts are 'primordial' and that something must be 'added to autoerotism—some new operation of the mind—in order that narcissism may come into being' *(8,* p. 34*)*.

Another, more significant way of classifying the meanings of 'narcissism' is in terms of libido or in terms of ego structure. Clearly both autoerotism and self-love are expressions of libidinal drives, while contact with reality is a function of the ego. Confusion would be avoided if the term narcissism were confined to libidinal processes. It would then be possible to speak of a breakdown of the ego without implying an increase of narcissism. A state of extreme narcissism implies a lack of contact between ego and environment, but breakdown of the ego does not necessarily imply increased narcissism. This distinction is not always taken into consideration; Schilder, for example, writes, 'We are obliged to see a narcissistic disorder in paranoia already from the blurring of the dividing line between the self and the environment which takes place in this condition' *(14,* p. 90).

Fenichel also fails to make a sharp distinction between the ego and the libidinal functions when he says: 'Therefore, the following formulas mean one and the same thing, only varying in point of view: the schizophrenic has regressed to narcissism; the schizophrenic has lost his objects; the schizophrenic has parted with reality; the schizophrenic's ego has broken down' *(6,* p. 415*)*.

Another source of confusion in the use of the word 'narcissism' is a vagueness about the precise meaning of narcissism, even when the word is used to describe only a state of the libido. Balint's distinction between narcissism, in which the self is the object, and autoerotism, in which no object as yet exists, has already been cited. Mention has also been made of Freud's original discussion of this point in his paper on narcissism. Freud had previously emphasized this difference in his paper on paranoia when he said, 'Recent investigations have directed attention to a stage in the development of the libido which it passes through on the way from autoerotism to

object love. This stage has been given the name of narcissism' *(7,* p. 446*)*. The following statement by Fenichel also illustrates the variations in the use both of 'narcissism' and 'autoerotism': 'The state without objects is the primary narcissistic state, the sexual aims of which are entirely autoerotic' *(6,* p. 83*)*. Here Fenichel employs the word narcissism to mean a 'state without objects', whereas autoerotic is used in a general sense. Perhaps it would be desirable to describe by some such term as 'primary autoerotism' that earliest of libidinal stages occurring at birth, for which 'a simple instinct-psychological description, almost purely biological' (to use Balint's words) seems most appropriate. The word 'autoerotism' without a qualifying adjective might be used to denote sexual gratification by self-stimulation at any period of development; this is the popular meaning of the term. The term 'primary narcissism' would then be restricted to that stage of libidinal development when the self can be distinguished as an object for libidinal attachment.

Current usage of the term 'primary narcissism' apparently fuses the two meanings outlined in the preceding paragraphs. Let us consider the purely 'narcissistic' meaning. If it is necessary that the self be distinguished from external objects for a state of primary narcissism to exist, cannot a primitive type of object love exist before primary narcissism? In other words, so-called 'primary narcissism' is actually a secondary phenomenon, resulting from frustration of a primary, archaic type of object love. This is the belief of Balint, who concludes that 'libidinous narcissism is always of a secondary nature' *(3,* p. 63*)*. Whatever view we take of this question, it is essential that the self-as-object aspect of narcissism be distinguished from that objectless state to which Freud first called attention and which we have designated 'primary autoerotism'.

A yet more serious difficulty arises in the use of the word narcissism. In spite of the ambiguities of the term 'primary narcissism', its meaning with respect to one of the earliest phases of libidinal development can be fairly clearly defined. The role

of narcissism in the normal adult, however, is a more complicated problem. What kind or degree of narcissism is 'normal'?

Nunberg's discussion of narcissism as it relates to ego strength and ego weakness illustrates the difficulties inherent in the use of the word. He begins with a description of narcissism as constituting a part of the libido of the id that is not 'discharged by the ego onto the objects of the external world, but adheres to the ego itself and remains there' *(13,* p. 186*)*. He cites Freud's statement that 'a part of normal self-esteem is a remnant of infantile narcissism', and concludes that the 'functioning of the ego is inconceivable without narcissism'. He also attempts, however, to demonstrate that 'an excessive quantity of narcissistic libido may, on the contrary, weaken the ego'. That he is aware of the complexities of this problem is evident in his declaration that 'it is difficult to explain without far-reaching considerations how it comes about that narcissism at one time strengthens and at another time weakens the ego' *(13,* p. 187*)*.

It was Federn, however, who examined this problem most thoroughly in his paper, Normal and Pathological Narcissism *(5)*. But his use of the term narcissism further confuses the picture, as does also his own more elaborated concept of ego libido (a term he also borrowed from Freud). As Weiss *(17,* p. 38*)* has shown, Federn's 'primary narcissism' refers only to that aspect of ego libido that is expressed in the 'medial' form, while Freud uses narcissism as including what Federn would call both the 'medial' and 'reflexive' forms of ego libido.

It seems that much of the difficulty in meaning of terms would be dissipated if Federn's distinction between 'medial' and 'reflexive' ego libido were kept in mind. But instead of equating narcissism with the medial form of ego libido as Federn has done, I suggest that narcissism be restricted to the 'reflexive' form. This would include narcissism as a condition in which the self is taken as an object of libidinal attachment and would, at the same time, be in keeping with the popular usage of the term. (It would also recall more accurately the

myth of Narcissus, who fell in love with his own image; he took himself as a love object.)

If we equate only the 'reflexive' form of ego libido with narcissism, we eliminate the vexing problem of ascertaining what degree of narcissism is 'normal'. Reflexive ego libido, or narcissism as here defined, is regarded as a primitive, regressive, or pathological form of love. Even in its mildest forms, as it exists in normal individuals, it is not considered a *sine qua non* of ego strength or mental health. Self-appreciation or self-love must exist to some degree in every normal person, but they are not necessary components of ego strength. A 'normal' degree of narcissism is, according to the proposed definition, part of the normal personality just as is a mild tendency to daydream or to indulge in other forms of primitive behavior.

The 'medial' form of ego libido described by Federn plays a more fundamental part in the formation of the ego; it is, according to our definition, the basis for 'normal self-esteem'. This feature of the healthy ego differs in quality from the self-love implied by 'narcissism'. Federn's conception of medial ego libido is more useful than the concept of narcissism for an understanding of ego strength and ego weakness.

EGO LIBIDO AND THE SCHIZOPHRENIC PSYCHOSES

How does Federn's conception of ego libido change our view of the mechanisms of breakdown of the ego in the schizophrenic and paranoid psychoses? As Weiss has shown *(18)*, Federn's position here is in marked contrast to that of Freud. According to Freud, the psychotic state results primarily from the withdrawal of libidinal object cathexis and the directing of this libido onto the individual, producing a state of primary narcissism. Federn and Weiss, on the other hand, regard the loss of ego cathexis as primary. The depletion of ego libido prevents the individual from forming object relations. Because of this deficiency, compensatory mechanisms such as regression may be resorted to. The return to a state of 'primary narcissism' is then a secondary phenomenon, not a primary one.

According to Federn, narcissistic behavior is not an inevitable consequence of breakdown of the ego. It is conceivable that with the disorganization of the ego in schizophrenia there may be associated varying degrees of narcissistic regression.

It is possible to reinterpret according to this theory some of the phenomena commonly found in the schizophrenic psychoses. Although it has been shown that homosexual tendencies do not become manifest in most paranoid patients, it still is necessary to explain their presence in those patients in whom they do occur. The eruption of homosexual impulses may be considered the result of a breakdown in ego integration and ego identity. If we assume that all individuals are bisexual, normal sexuality must require the establishment of a major sexual identification with members of one's own sex. The identification with the opposite sex is for the most part latent, sublimated, and integrated into the personality. If integration of the ego is disturbed, sexual identification is in some cases also disturbed; the identification with the opposite sex is no longer latent. What appear then as homosexual tendencies are really released latent tendencies that normally are subordinate to the dominant sexual identification; they are not an expression of a primary homosexual component. Some support for this view is found in the fact that in most homosexual delusions the content of the delusion indicates a rejection of the homoerotic impulse and a projection of it onto other individuals.

Another interpretation of homosexual tendencies emphasizes the interpersonal aspects of the relationship rather than the specifically sexual ones *(16)*. Homosexual tendencies in a man, for instance, may symbolize a desire for dependence or passivity, a need to escape from responsibilities of masculinity and male competitiveness. In the psychosis this basic need for dependency may be both disguised and dramatized as a homosexual temptation. It would be in keeping with the psychotic process, so often compared to a dream state, that this dependent or passive tendency should be made concrete and specific in the

form of sexual imagery.

Failure of the ego can be expressed not only in dissolution of ego identity but also in what Federn calls 'loss of ego boundaries'. This condition, tending to obliterate the distinction between the self and the environment, offers a fertile soil for projective mechanisms. This idea differs from Freud's conception that projection in the paranoid psychoses is an attempt to recapture lost object relations. Analysts who favor Freud's concept of increased narcissism accept the idea that ego boundaries are lost when projection occurs; Fenichel says, 'Projection as such is based on a vagueness of the borderline between ego and nonego' *(6,* p. 428*)*. This loss of boundaries is, however, considered secondary to the withdrawal of object libido, while Federn considers the loss of ego cathexis and the consequent diffusion of ego boundaries as primary.

To deny the restitutive function of projection and delusions is not to imply that efforts at recovery are absent in the paranoid psychoses. A number of recent studies *(1, 10, 15)* have shown that the presence of certain affects and attitudes, particularly anxiety in the psychoses, is indicative of a favorable outcome. But whether these affects and attitudes are attempts at recovery must be determined in each individual case. As has been demonstrated in two of the studies cited *(1, 15)*, the content of the delusion is prognostically significant. The delusional state itself, however, is the result not of an effort at restitution, but of breakdown of the ego.

SUMMARY

Investigations and opinions of psychiatrists who have studied large numbers of psychotics challenge Freud's theory that latent homosexuality is closely related to the paranoid psychoses. Freud's theory is based on his conception of narcissism, which appears to require emendation in accordance with the ego psychology of Federn and Weiss. A modification of Federn's use of the terms 'narcissism' and 'ego libido' is helpful in understanding psychosis and mental health.

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Acting Out Versus Insight: A Problem in Psychoanalytic Technique

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ACTING OUT VERSUS INSIGHT: A PROBLEM IN PSYCHOANALYTIC TECHNIQUE

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The process of psychoanalytic therapy is essentially one in which patient and therapist collaborate to achieve useful insight into the specific nature and structure of the patient's personality and into the manner in which this relates to his difficulties in living. Psychoanalytic technique, then, consists of the specific procedures whereby the therapist tries to bring about this insight-producing collaboration.[1]

Zilboorg[2] distinguishes between a psychiatric and a psychoanalytic definition of this factor. 'To the psychiatrist', he states, 'emotional insight . . . means to feel "appropriately" what one thinks and does. To the psychoanalyst, however, it means primarily being freed of that surplus of unconscious affects which either inhibits or intensifies one's conscious "intellectual" processes and attitudes toward life. . . . [It] means (or ought to mean) the subtraction, the elimination of the affect which (uncon-

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1 The term 'insight' has often been the subject of misapprehension. Some workers make the word connote a purely intellectual and verbal quality and insist that what the patient experiences in the relationship with the analyst is a more important therapeutic factor than what he may learn from the verbal communications (interpretations and the like) of the analyst. I would not make so sharp a distinction between nonverbal communication (which I assume is what is referred to by experience in the above sense) and verbal communication. Both, if they are to affect the patient in any way, must add to his understanding of himself and his relationships with others. As I comprehend the term, insight is interchangeable with such understanding and may be verbal or nonverbal in the manner in which it is produced.

2 Zilboorg, Gregory: *The Emotional Problem and the Therapeutic Role of Insight.* This QUARTERLY, XXI, 1952, pp. 1-24.

sciously) does not let the patient feel what he feels and see what he sees.' Implicit in this definition is the idea that a person ordinarily possesses an understanding of himself and his relations with others, but that this understanding is unavailable to him, that it cannot function in his conscious modality because it is in some manner impeded from so doing. It is as if an opaque barrier of some sort veils his mind's eye, and the production of insight consists not in revealing to the patient a new landscape but rather in helping him to obliterate the opaque barrier, thus allowing him to see, perhaps for the first time, the landscape that was always there but, because of this barrier, was never before visible to him.

Zilboorg's concept of psychoanalytic insight bears a marked resemblance to the classical freudian definition of the nature of psychoanalytic therapy as essentially a process of making conscious what has been unconscious. The implication of this definition is that psychoanalytic therapy serves principally to break down the effects of repression, and that it results in restoring to the conscious modality of feeling and thinking what has previously existed in the unconscious modality. The 'restoration' implies that the specific psychic material has once been conscious, has been rendered unconscious by a process of repression, and is restored to consciousness by means of psychoanalytic therapy.

Zilboorg's definition of insight includes, as I say, this classical concept of restoration to the conscious modality of something that had once been conscious but had succumbed to an interval of repression. It also includes—or permits us to include —a category of psychic phenomenon that has never been conscious, in the sense that it has never been verbalized or formulated to an extent sufficient to permit its being integrated into the conscious modality. Such phenomena include the perceptions involved in certain experiences and the memory of them, the meaning given by the person to those experiences or certain phases of them, and the generalizations made as a result of this ascription of significance. These generalizations

continue to exist as unconscious (never verbalized, never specifically formulated) beliefs or convictions about oneself, about others, and about the principles of relationship between oneself and others. Such unconscious beliefs may be quite erroneous, being made upon too narrow a basis or with too subjective a bias; yet they are held with utmost conviction of certainty and govern many attitudes and much of the behavior of those who hold them. Because they are unconscious assumptions about oneself, about people, and about life in general, they cannot be compared with or tested against reality, thus remaining unquestioned and, as it were, axiomatic for those who maintain them.

These two categories of psychic material, the uncovering of which is an objective of our technical procedure, are not unrelated to one another. The second category—the previously unverbalized and unformulated—is, in my experience, of the greater importance therapeutically. Often enough such unconscious assumptions and beliefs may become conscious during therapy without recourse to material of the first category. The restoration to the conscious modality of previously repressed material may, however, be of great value in facilitating the conscious formulation of previously unformulated beliefs and convictions. The restoration to memory of an experience perceived at the time of its occurrence but since then repressed may serve to demonstrate that at that time a certain assumption was made, although not verbalized, and may explain why it was made and why it has been so tenaciously maintained since then. The recovery from repression of the memory of a primal scene, with its specific details, may serve to explain why the patient has made and unconsciously maintained the assumption that all adults are hypocritical. Recovery from repression is in itself of little value in the therapeutic process unless the material thus recovered can be related to such unconsciously maintained assumptions and beliefs. The process of achieving psychoanalytic insight, therefore, includes not only the removal of those impediments to under-

standing that result from repression but also those that result from the nonverbalization, the nonformulation, and the nonintegration of various perceptions and their outcome.

The specific problem of technical procedure that I wish now to present is one of the most formidable—if not the most formidable—with which the psychoanalytic therapist is ever confronted. Fortunately, this problem does not confront us in every case, and we often encounter it in much milder forms than the extreme that I shall discuss. It is essentially a problem in analyzing a special type of resistance.

There is a type of patient who is forever acting out, both within the analytic situation and outside of it. By the term 'acting out' I mean that the patient, instead of discussing a specific phase of his difficulties and attempting to understand it by means of verbal formulation, gives it vivid and graphic expression in a piece of behavior. It is not that he is thereby trying to show us what he means; rather, he is impelled, by motives he does not understand, to behave in the specific way involved. Sometimes, particularly after frequent repetitions of the same piece of behavior, he is aware of its irrationality or he may at least have doubts of its complete rationality. For the most part, however, patients attempt to rationalize their acting out and often have little difficulty in producing rationalizations eminently satisfactory and convincing to themselves.

It is safe to say that all psychoanalytic patients act out to some extent. In the great majority of cases the interpretation of a specific piece of acting out is able ultimately to produce sufficient insight to prevent it from being repeated: the elimination of the relevant portion of the opaque barrier suffices to enable the patient to divert the energies involved in the impulses into channels other than acting them out.

There are cases in which, although insight has been gained into the specific acting out, the same acting out is nevertheless repeated even though precisely the same insight is arrived at each time the acting out is interpreted. Often in such cases the patient is not aware that he has repeated his acting out

until the interpretation is made again. Then he recalls that he has had the same insight before, perhaps quite recently, and realizes that this has been simply another instance of his repetitive behavior. So baffling are these situations that the analyst may wonder if insight is after all the solution to the problems of psychopathology and begins to doubt the efficacy of the psychoanalytic method of therapy.

We are sometimes admonished by practitioners of psychoanalytic therapy to 'forbid' and to 'discourage' such acting out. Such a procedure can have relevancy only when the acting out is occurring within the analytic situation; if the acting out occurs elsewhere, as is frequently the case, it is not possible to forbid or discourage the behavior since by the time the analyst learns about it, it has already occurred. Even when the acting out occurs within the analytic situation, the analyst must realize that in forbidding or discouraging a patient's behavior, he is assuming, in reality, a disciplinary role and is therefore encouraging attitudes and behavior in which the patient reacts to him as an actual authority figure and no longer solely as an authority figure by way of transference. In preference to such procedures, it seems to me that these situations require the analyst to regard the acting out as analytic material and to make it the object of the usual procedures of interpretation. The inefficacy of forbidding and discouraging acting out is nowhere better demonstrated than in the extreme cases we are discussing. Even if we have seen the futility of such procedures and make no attempts of this sort, we are still at a stalemate with these patients. In such situations, as I have said, the analyst may begin to doubt the utility of insight therapy in general, or, at least, in this particular patient or in this type of patient. Short of such radical doubt, he may suspect that the insight so repeatedly and invariably arrived at is mistaken or inadequate; perhaps certain crucially important elements have been overlooked or perhaps invalid postulates have been made. This may be so in some instances, and then a new and more careful reworking of the material may produce new and more

useful insights. But when all is said and done, there remain a certain number of cases in which the validity of the insight into the behavior acted out is beyond question and in which the acting out is nevertheless repeated again and again, as if the patient had never had any insight into the behavior in question.

Such a situation presents us with a technical dilemma: shall we drop the case, acknowledging that the psychoanalytic technique of therapy by insight is inadequate for the solution of this problem; or shall we persevere, hoping that somehow, sometime, we know not how or when, a break will come in this log jam? Neither horn of this dilemma is very satisfactory for patient or for therapist. We do not like to acknowledge failure prematurely, nor do we like to acknowledge that insight therapy is unable to solve a problem which, as it seems to us, it should be able to solve; on the other hand, we do not like to expend our time and energy or to have the patient expend his time, energy, and money on something that resembles butting one's head repeatedly against the same solid wall.

This dilemma may lead us to examine a stone or two hitherto left unturned. We may, for instance, ask ourselves: does insight necessarily always play the precise role in a person's psychic economy that we assume it does? We have proceeded on the assumption that insight is a good thing for a person to have; the word insight as currently used among psychiatrists and psychoanalysts has 'good' connotations. Zilboorg's definition assumes—and I think none of us will dissent from this view—that insight has a liberating effect, like education: 'And ye shall know the truth, and the truth shall make you free'. But perhaps, in our rosy view of the end of the path, we overlook some of the difficulties of the path before the end is reached. Insight, like education, like truth, is indeed ultimately emancipating, but does it always seem that way to the person who is in the process of acquiring it? Does every patient greet every piece of insight with open arms of welcome? We know, on the contrary, that no tiny bit of

interpretation is received by the patient without at least a flash, an instant, of resentment and hostility. Every interpretation, however valid and however valuable, is at first viewed by the patient as a criticism, if only for the briefest moment.

Quite apart from the blow administered to the patient's self-love by an interpretation, we must consider the relationship between the impulses involved in a piece of acting out and the insight which the therapist regards as the means of liberating the patient from the blind necessity of acting out. What is acting out, after all? It is the visible, dramatized manifestation of a transference. Like a transference, it implies the existence of a memory—or, rather, of a traumatic experience the memory of which is not verbalized but is instead implicit in the persistently repeated efforts to rectify the helplessness of the original traumatic experience.[3] The impulses involved in acting out, then, are impulses the expression of which are fraught with enormous importance: not only are they still vastly desirable to fulfil in terms of their original, historical frame of reference but—more than that, even—there are at stake one's past and current claims to omnipotence and the total effectiveness of one's aggression, as well as the establishment or maintenance of one's self-esteem on such a basis. The effect of insight upon this complex and subjectively crucial—although actually futile—effort is liberating once one is already liberated enough to accept, to some extent at least, those things which are, among others, characteristic of the mature personality: the ideal of partipotence rather than of omnipotence; settling for something less than one hundred percent effectiveness of aggression; reduction of the stringency and rigor of the conditions set by oneself, in these terms, for the maintenance of self-esteem.

[3] The idea that acting out replaces memory is expressed by Freud in *Further Recommendations in the Technique of Psychoanalysis.* Coll. Papers, II, p. 369. The idea of its rectifying purpose is my own responsibility, *The Concept of Transference.* This QUARTERLY, XVII, 1948, pp. 303-321.

But it may be that the patient to whom all this is as so much Greek will regard insight as merely hampering to this effort and will regard it as a trick of the analyst who is seen as a disciplinarian or an antagonist, diverting the patient from his goal and making him compliant and docile to the analyst's demands. To such a patient the specific insight is not his insight; it is the analyst's insight, which the patient may accept for the nonce and make only loosely his own. Then, at the moment when he feels once more the need and has, as he thinks, the opportunity to play for the high stakes of omnipotence, superlative effective aggression, and indestructible self-esteem, this insight, half his, half the analyst's, is felt not as a liberating factor but as a hampering one, as a millstone around his neck hung there by the analyst, and he casts it from him without further ado.

Behind such an attitude and such a performance lies an unresolved transference toward the analyst, which constitutes a resistance to the process of insight therapy. Within the framework of this transference, the relationship felt unconsciously by the patient as existing between him and the analyst is fundamentally of a disciplinary nature: the analyst is trying (and has been trying) to compel the patient to conform to certain of the analyst's canons of behavior and attitude. The analyst is clever enough not to show his hand by attempting to do this in a crass or open way, such as by force or threats of force; rather by the subtleties of reasoning and persuasion. The patient feels toward the analyst much as some children feel toward a parent who reasons with the child and by reasoning induces it to give up a toy to its sibling—nothing so crass as taking the toy away and giving it to the other child. But the end is the same: the child no longer has its toy.[4]

[4] In opening discussion of this paper in Washington, Dr. Douglas Noble suggested that such acting out might reflect an early defense against the parents, of passive defiance plus the use of intellectual reasoning; in other words, the opposite of what is formulated in the paragraph above. The difficulty here is that the acting out takes the shape of hampering, defeating words and ideas

Perhaps it will help to clarify the point I am trying to make to describe in some detail a clinical case in which this situation of acting out versus insight arose. I cannot vouch, in this account, for the verbatim accuracy of the direct quotations. The account is based on rough notes, and the device of direct quotation is adopted to present the situation as vividly as possible.

This patient's analysis extended over seven years, during which there was an interruption of two years. When originally seen, the patient was a man in his middle twenties. He was a 'borderline' schizophrenic, though it would have been difficult in the beginning to know where to place the emphasis—whether to call him a pseudoneurotic schizophrenic or pseudoschizophrenic neurotic. It now seems clear that he was a neurotic with some features resembling schizophrenia which had disappeared at the stage of analysis I shall describe.

The patient was employed in business but, having musical ambitions, felt he did not belong there. He was married to a woman of about his own age. He was the younger of two siblings, having a sister three years older than himself. The father, now dead, had been a well-known illustrator. Much preoccupied with his painting, with drinking, and with a series of extramarital relationships, he had been rather cold and detached in his attitude toward his children. He provided the family with many luxuries—especially during the patient's childhood and early adolescence. As his popularity as an illustrator waned and as he became progressively more alcoholic, all this changed, and in his later adolescence the patient had to become self-supporting.

(of the analyst) versus triumphant action (of the patient). However, Dr. Noble's idea seems to me to have merit if we can suppose that the patient is ascribing, by a process of projection, to the analyst a mode of defense which is by no means alien to him because, as a child, he may have attempted to use it against the parents: his own reasoning (words) versus their action. This idea would increase the complexity and richness of the maneuver, as we understand it, and seems to me wholly credible, though I have not yet been able to confirm it clinically.

The mother, still living, was presented as a somewhat enigmatic character. She seems to have been much preoccupied with her husband and his escapades; there was, apparently, much bitter sarcasm and outright quarreling between them. She was very affectionate toward the patient at times, though she sometimes played a cat-and-mouse game with him. On one occasion when the father was absent from home, she made much of the patient, telling him he was now the head of the family; whereupon she said, 'All right, if you're the head of the family, you can go out and rake the leaves off the lawn'. She was often sarcastic toward the patient and went out of her way to ridicule him and make him feel she had a low opinion of him because, like his father, he was male. She created situations of rivalry between the patient and his sister, whom she favored as being female, but also made the patient feel he could not possibly compete with the father in her love and esteem. He became consciously extremely bitter toward her, but unconsciously had not relinquished her as the supreme object of his love.

When I first saw him, he spoke of many difficulties, chief among which were chronic insomnia, compulsive masturbation, and a disturbed relationship with his wife. He felt that he loved her, though he tended to be alternately contemptuous toward her because of her lack of maturity and sophistication, and tenderly compassionate because of her helplessness and dependence on him. She, as it seemed, loved him and often behaved compliantly and submissively toward him, though she frequently had flare-ups of bitter resentment whenever he made demands on her or indicated, as he sometimes did, that as the male he was the more important member of the couple. Vociferous quarrels were frequent and often led to blows. From the description, these belligerencies sounded more like fights between siblings than like fisticuffs between husband and wife.

Their sexual relationship was not satisfactory to either. He complained that she was frigid, and that she sometimes complied with his advances with obvious unwillingness and resent-

ment, and sometimes refused to comply at all. She complained, according to the patient, that he was selfish and inconsiderate in his sexual demands and preoccupied and detached in his manner of performance. Sometimes there were lengthy intervals between acts of intercourse, at which times she complained of his lack of sexual interest in her.

The portion of this analysis that is relevant to our present topic occurred during its final four or five months. The analysis had been interrupted, at my initiative, partly in order to give the patient a period in which to assimilate the insights previously gained, and, as it turned out, the interruption had lasted about two years. During this interval his wife had begun analysis.

Before resuming, we had discussed appointments. I had suggested a certain hour, and he had said it was convenient for him, but that conditions at his place of employment might make it more convenient if I would agree to start his session ten minutes after the hour. I explained to him that I would prefer not to do this, as it would give me no interval between his session and the following one, but that if the conditions he expected should eventuate, I would then be willing to make the change. He had been rather insistent about the arrangement he proposed but finally agreed that it would be reasonable to wait and see how what I proposed worked out for him. It never became necessary to alter this arrangement as the conditions he had expected never actually came to pass.

I have gone into these tiresome details in order to make clear an issue that arose two months later. About one month after the resumption of our work he began coming late and using every conceivable device to prolong the sessions—asking crucial questions, remembering dreams, recalling items indicating that he had improved or not improved—all as he was on the point of leaving. I observed this behavior for a few weeks, during which I noted that his lateness was always a matter of ten minutes, allowing one minute in either direction. When I found it appropriate to call this to his attention,

he was amazed at the precision of his lateness but took my word for it and had to acknowledge that he had been making definite, though not clearly intended, efforts to hold me in conversation at the end of the sessions. It became evident to him that his combined lateness and attempts to prolong sessions were meant to nullify my opposition to his attempt to have his own way about the time of the hours.

The content of the analysis during this period had related to his demand to be omnipotent, and particularly in respect to his need, or wish, in childhood to control his mother by compelling her to withdraw her disciplinary demands and threats, and making her be indulgent and compliant toward his desire for oral gratification. It now began to appear that he had unconsciously placed me in the role of mother and had been acting out with me the early need, or wish, to retain his fantasy of omnipotence with her, working his will upon her despite her opposition.

After this interpretation, to which he did not object, the acting out changed, but only a little. He continued to come ten minutes late for sessions and made occasional attempts to prolong the hours, but, as I continued interpreting the lateness in the way outlined, it required only an allusion to the interpretation to have him break off any attempt to outstay his time. Nothing essential was ever added to the interpretation of this piece of acting out; the insight was in itself entirely adequate, but for a considerable time the patient simply did not use it. This is cited as an example of acting out versus insight.

During the ensuing weeks some changes began to appear in the patient's attitude toward his demands to be omnipotent. He became much concerned with the idea that I was omnipotent as it appeared to him that I had complete control over what occurred in our relationship—I could cancel hours whenever I wished and could terminate the analysis if I wished, and he assumed that I had similar control over other details of my own life. His conclusion was to the effect: 'Since you [the

analyst] are omnipotent, why should you fob off on me an ideal of partipotence?'[5] I pointed out to him that he had precisely the same power to cancel hours and to terminate the analysis, and that I did not have the power to cancel an hour and still demand the fee for it; since if I cancelled an hour I must forego the fee, my power in this regard was not total but only partial. He was then able to see that partipotence involves accepting the consequences of one's behavior, while the demand for omnipotence includes the expectation that one will be spared the undesirable consequences of actions.

At the next session he related a dream of having bought an old and battered Ford automobile. He did not like its looks but felt it could be relied upon to take him wherever he wanted to go and had a feeling of satisfaction about his purchase. This dream, I believe, indicated an attempt to solve this problem by a compromise.

Between this session and the next there was an interval of a week. The Christmas holidays intervened, and he and his wife had gone to visit her parents, who lived in another city. The night before leaving he had become intoxicated and had quarreled with his wife because she had refused to pack a suitcase for him. He slapped her and intimidated her into complying with his demand. He thereupon telephoned to his wife's analyst and told him what had happened, adding the cryptic remark: 'You know, the world isn't like this'.

Such bullying of his wife was a frequently repeated piece of acting out. The interpretation of this behavior had been made each time it occurred and had always amounted to this: whenever some issue arose between them, the wife was felt unconsciously to be his sister, challenging his claim to omnipotence in terms of his fantasy of exclusive possession of the mother. His solution was to force the sister to desist from her claims by compelling her to knuckle under to his superior strength implied (to him) by his maleness; or by threats to

[5] *Cf.* Silverberg, William V.: *The Factor of Omnipotence in Neurosis.* Psychiatry, XII, 1949, pp. 387-398.

injure her. This acting out was intended, unconsciously, not only to settle the rivalry for the mother, but also to establish that his maleness made him superior to the sister, a matter concerning which he had gnawing doubts, following the lead given by the mother's derogation of males.

This interpretation seemed adequate and had, on some occasions, led him to desist from this kind of acting out. Why had it not served on this occasion? After working out this most recent example and arriving at the same interpretation as so often before, I asked him why he had not at the time used this insight, which was far from unknown to him. He said that it had actually occurred to him during the quarrel but that he had felt, 'Ah, to hell with that', and had proceeded with the acting out.

I then asked him about the enigmatic addendum to his telephone conversation with his wife's analyst. He said that he had first thought of calling me but decided he would rather not, because the other analyst did not know him as well as I did. It seemed, then, as if the call and the cryptic remark had been intended for me. The remark was: 'You know, the world isn't like this', and I asked what 'this' referred to. He said he really did not know what he had meant by the remark, but thought that 'this' must refer to the incident with his wife. I asked him if he thought he had meant to say that such quarrels were of infrequent occurrence in the world. 'No', he answered, 'I'm sure that isn't what I meant'.

I then asked, 'Do you recall how you felt when you made the remark?'. He answered, 'I recall that when I said it I had a feeling of being awfully sly and awfully clever—somewhat Machiavellian'. 'Did you mean', I asked, 'just the opposite of what you said? Did you mean the world *is* like this?' 'No', he said, 'it isn't that simple. I think I meant him to think I believed something I didn't really believe. It seems to me that maybe I wanted to give him the impression that I thought that you really can't behave this way to people, that you can't really have omnipotence over others; but all the time I knew

that I had really forced her to do something she didn't want to do. Maybe it was as if I was saying to you, "Oh, I agree with you that there's no such thing as being omnipotent", while in myself I was chortling over the fact that I had just shown that I could be.'

'Well', I said, 'was this a demonstration of omnipotence?' He paused a while and then said, 'No; of course it wasn't. It was just that I was bigger and stronger, and anybody bigger and stronger than I am could do the same to me. But I think I thought so at the time because I need to think so when I'm in the grip of an impulse to win out over my sister.' I then asked what he thought would have happened if, when he recalled the insight, he had not said, 'Ah, to hell with it' but had instead kept the insight in mind.

He did not answer this directly but said, 'It would have been like you standing over me with a whip and threatening what you would do if I didn't stop'. I said, 'So you think this insight and the insight about omnipotence are not really truth, but just my way of forcing you to do what I want you to do'.

On this note the session ended. The ideas about his attitude toward insight, which had dawned on both of us in this session, were elaborated in ensuing sessions. The episode just described makes clear that for the patient the analytic situation had never lost its character of a disciplinary situation. This had been well understood by me, as I have indicated in the earlier interpretation of the patient's lateness. What I had not understood was that the patient had included interpretations and insight as discipline. Once this has been grasped, it is difficult to see how one could have overlooked this possibility. It seems as if our awareness of the extreme value of insight makes us place it, as it were, upon a pedestal where we naïvely imagine it to be immune from ambivalence, including that of the patient whom it is intended to benefit. But we have failed to reckon with the fact that while insight ultimately liberates, its immediate effect is likely to be restriction and frustration of those impulses which it interprets. In this respect

it resembles many bits of progress in the history of the individual, as it does in that of mankind in general. For the child it is, for example, ultimately liberating to learn to control the anal sphincter; more immediately, however, it frustrates its natural tendency to alleviate without delay any inner tension that disturbs homeostasis.

The procedure I have outlined was actually the decisive factor in the therapy of the case described. His treatment was terminated within three or four months of the session in which the material pertinent to this problem emerged. During that time, his previous behavior of coming ten minutes late and prolonging sessions disappeared, though he occasionally came a few minutes late, as any patient subject to urban conditions of traffic is likely to do. He did not again bully his wife during the remainder of the analysis, though it had been almost a weekly occurrence. Since the termination of his analysis, although he has had occasional lapses, he appears on the whole to have maintained and indeed postanalytically to have improved upon the gains made during treatment.

I have since used the same technical concept in other cases of extreme acting out. It has not been equally successful in all cases, though it has in some. I am not able to say what factors are involved in this variability, but I conjecture that a more precise knowledge of how insight is actually utilized by a patient, and what makes for unanalyzability in general, would contribute toward the answer.

The value of this idea is that it is essentially an insight about insight. It may be that many of us—certainly I myself—had not previously realized that this major goal and instrumentality of the whole therapeutic process required a more detailed understanding of its nature and operation than we had had before. Insight, like cure or improvement, may seem so obviously desirable to us, both as a goal and as a means of reaching the goal, that we have not felt the need to question it at all; very much, perhaps, as the internist would not question what, having once discounted possible side effects, he

regards as an efficient means of alleviating or curing somatic pathology. If a patient is ill and comes to the doctor for help, the doctor is ready to assume that he will welcome, and not oppose, the use of a remedy. True, the treatment may be somewhat painful, but the idea is that the patient willingly accepts the discomfort in order to achieve cure of his ailment. Psychoanalysts have been aware that true insight is usually painful, and have known that there are strong resistances to its acceptance in certain instances. We have perhaps not hitherto seen that there may be massive resistance to the whole concept of insight, even though the patient ostensibly comes for just such help. The internist does not suppose that his patient will make persistent and subtle resistance to the use of penicillin; otherwise, the doctor would say, why did he call me in at all?. It is important for us to realize that, though insight is indeed the boon that we know it to be, the very people who can most benefit by it are in some cases impelled, for their reasons, to fight it tooth and nail, not merely in detail, as we have always understood, but in general, on principle.

The idea that insight is sometimes unconsciously viewed as a disciplinary measure of the analyst appears, as I have already said, to relate to childhood experiences of being reasoned with by a parent in order to enforce compliance with some wish or precept of the parent. If that is so, then it must be potentially a very common attitude toward insight, and knowledge of it may be a useful adjunct in the analytic therapy of cases of many kinds.[6]

[6] When I wrote this paper (1952), I was under the impression that its principal thesis had not previously appeared in the literature. However, some months after it was written, a colleague drew my attention to a paper written by Edmund Bergler in 1944 (*'Working Through' in Psychoanalysis.* Psa. Rev., XXXII, 1945, pp. 464, ff.), in which he refers to what he terms a 'cynical phase', occurring toward the end of 'progressed analyses'. This phase is discernible as a 'strange rebellion' in which the patient ignores insight or regards it cynically because the insight, if taken seriously, would hinder the discharge of id impulses and would serve as an inhibiting agent via self-restraint. This concept appears to resemble closely the principal thesis of the present paper. Bergler regards

this cynical phase as 'the last rebellion of the neurotic personality before giving up its old wishes'. Supposing that Bergler and I are referring to the same phenomenon, I cannot regard it as being so benign a manifestation as the quotation implies, though the case I have cited appears to support such a view. In my experience it does not occur routinely in all 'progressed cases', as Bergler implies.

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THE NUMBER 13 AS A CASTRATION FANTASY

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The number 13 has traditionally borne an evil connotation in folklore and religion. The analysis of a patient revealed that this number represented an unconscious threat of castration. The patient was free from overt neurotic symptoms until his two-year-old son, for whom he was caring at the time, fell and injured his head. An operation scheduled for the thirteenth day of the month resulted in the child's death. Meeting the father a year later, the child's physician stated that he would never again schedule an operation for the thirteenth day of the month.

After this conversation any reference to the number 13 roused in the patient an obsessive fear of impending danger. For example, if he perceived that 13 was the sum of several smaller numbers, or that a larger number was divisible by 13, he became disturbed and often remained so for days or weeks. The reason he gave for the obsessive thinking and his emotional distress was his belief that the number reactivated his grief over the death of his son. As an example of his reaction, one day in his office building a man asked to be directed to room 728. The question caused him immediate distress, for he perceived that 728 is divisible by 13. It did not, however, occur to him that he knew 728 to be the number of the office of a good friend, a woman who had figured in his sexual fantasies. Guilt over these fantasies played a prominent role in the development of his obsessional neurosis. On another occasion when asked the meaning of the word 'Oris', he said he did not know but immediately became upset. Upon looking up the word, he learned that Oris is an asteroid which was discovered on the thirteenth day of the month. He could not explain how he might have known this fact. Another

instance followed hearing a quip that 'even Shakespeare could not use more than twenty-six letters of the alphabet to express his thoughts'. He developed an obsessional ritual of counting houses or trees, picking one house or tree on one side of the street and three on the other.

Before the onset of his obsessive-compulsive neurosis, the patient had no superstition concerning 13, nor could he recollect any experience in childhood that might have led to such ideas. He had had no excessive feelings of guilt or fears of punishment that he could recall. He had followed his father and an older brother in their orthodox Jewish beliefs and observances but did not regard himself as fanatical, as he did them. Thirteen had no historic significance for him, nor could he relate it to anything but his grief over the death of his child.

He had had a fear of the dark which, he recalled, began when he passed a cemetery at night. He attributed a fear of viewing the dead to this early experience. He was unable to look at either of his parents after they died, but when his son died, not only was he able to look at him, but he placed a cap over the child's head and said, 'Be a good boy', as if he were sending him on a trip. He did not regard this as odd or irrational, and gave no clue to its meaning. The analyst's suggestion that he had evidently not fully accepted the reality of his child's death resulted in an immediate change of mood, from the depressive state he had suffered for several months prior to the analysis to one of elation.

A correlation of pertinent facts in the history shed some light on the origin and selection of his symptoms. He recollected that the physician's remark concerning the fateful thirteenth occurred a year after his son's death, at a time when he was greatly worried over his wife's critical illness with scarlet fever. Her physician told him that her chances for recovery were 'only fifty-fifty'. It is likely that the fantasy of the death of his wife had already taken form before the patient admonished his dead son to be good. 'Be a good boy' referred

to the patient himself, and expressed the denial and undoing of the wish for his wife's death, which would have given him his sexual freedom. 'Be a good boy' was meant to express 'Be a good (dead) penis and have no such fantasies'. The fantasy of his wife's death lay dormant and first manifested itself a year later when her illness and the remark of the child's physician concerning the fateful thirteenth occurred simultaneously. This explanation is supported by the episode when the patient obtained release from a long-lasting depressive mood by the analyst's suggestion that he was behaving as if he had not accepted the reality of his child's death. The suggestion probably caused a temporary denial of his wishes for the death of his wife and a replacement of guilt by grief over his son's death, which he could better tolerate.

The outstanding cause of hostility toward his wife was her sexual rejection of him throughout their married life. His hostility resulted in partial impotence which gradually increased during the five years before his analysis. His wife believed that he was 'oversexed' and that he wanted excessive coitus because he had been deprived of it until his marriage at the age of thirty-two. He thought her frigid and indifferent toward him because she had never loved him. Because of his dissatisfaction he had indulged frequently in masturbation with fantasies of women he had known and might have possessed had his religious scruples not deterred him. When he wished to see his wife nude for the sake of exciting his forepleasure, she would refuse, protesting that he subjected her to indignity as if she were a 'tramp'. Such rejection often threw him into a depression that lasted for weeks or months. The last depressive attack before analysis had lasted eight months.

The patient associated with his depressions two recurrent ideas: his fear of viewing the body of a dead person, and a persistent fantasy of the nude corpse of his wife. He rationalized the latter by saying that he feared she might die from an obscure bone disease which she had had for many years.

It is likely that these fantasies refer to the primal scene; they also conceal a wish to see the phallus of the aggressive woman, represented by his mother and his wife. The fear of seeing the dead was therefore a castration fear, displaced to the number 13, which first emerged when the wish for his wife's death threatened to become conscious. The nude corpse of his wife was equated with the corpse of his son.

The patient's first dream reported in his analysis was of fighting with a man; it ended by his biting off the man's nose. His associations were to conflicts with the aggressiveness of his mother, his brother, a former friend, and his wife. Many of these conflicts were based on a repressed oral-sadistic castration fantasy—the wish to devour replacing his masochistic wish to be devoured.

In another dream he saw a coffin being brought into a church, and a woman crying in the street; the patient then cried too. He recalled seeing the coffin of his best friend's mother being carried out of her home when he was a young boy and feeling great sympathy for his friend. This also reminded him of the death of his own mother and his inability to look at her after she died. He said that the dream referred to his image of the death of his wife and the reaction of their adolescent son to her death.

Later, in another dream, he walked over a bridge and was brushed against by a colored man coming from the opposite direction. The scene then changed to a 'refreshment place' where he saw his older brother and the same colored man but avoided contact with both of them. When this dream occurred, his resentment of his older brother was under discussion in analysis. He had in fact frequently walked across bridges with his brother who had talked at length with him about his unhappy marriage and divorce. The colored man reminded him of his best friend who had recently turned against him. The crossing of the bridge and his avoidance of contact with the men reminded him of his wish and fear of dealing with his own aggressions as his brother had done.

The refreshment place is assumed to be the analysis where he hoped to find the resolution of his conflict.

DISCUSSION

Federn *(3)* commented that in the obsessive-compulsive neuroses '. . . practically every one of [the] compulsive rules contradicts the others . . . and [this] is the reason for the insolubility of the compulsions'. Bergler *(1)* stated: 'This mass of contradictions is by no means a matter of chance, nor is it to be fully explained by ambivalence, but by a narcissistic gratification to the ego in reducing the superego *ad absurdum* as well'. Freud *(6)* once stated that in obsessive-compulsive neurotics all conflicts and mental processes are internalized. His theory of this neurosis, in spite of much subsequent elaboration by psychoanalysts, leaves it far from being clearly understood. Isolation, undoing, and regression to the oral and anal-sadistic phases of libido organization are its essential processes. Freud *(5)* emphasized also repressed masturbatory fantasies, and particularly the connection with the repressed desire to masturbate and the infantile impulse to kill. Instinctual energy is displaced onto obsessional ideas; 'mental masturbation' is a defense against forbidden sexual wishes. The repetitiveness of the compulsions results from regression to the anal-sadistic level caused by castration fear. Masturbation is sometimes a compromise which causes less guilt than do heterosexual acts.

In the case described, analysis revealed that the fears of the number 13 were a defense, serving to deny the patient's guilty fantasies of the death of his wife. His predominantly sado-masochistic predisposition led him to the unconscious choice of this type of defense. The patient's unaggressive ego and strongly religious superego caused him to be passive and morally masochistic, to forego sexual gratification, and prevented him from freeing himself from his frigid wife. The physician's superstitious comment about the thirteenth of the month rationalized his own feeling of guilt about the events

that led to the child's death. The patient took the number 13 out of this context and adapted it as an obsessional displacement to ward off unconscious sadistic fantasies. The father's reaction confirms Fenichel's observation *(4)* that in obsessional neurosis the relationship of the event to the symptom, not the event itself, is repressed. It was the induced unconscious death wish which had to be repressed, and not the death of the child, that a year later led to the obsessional mechanism of defense against the threat of castration.

The tendency to rationalize illogical thinking and to develop superstitious beliefs frequently controls much of the behavior of the obsessional individual. Ambivalent feelings are originally directed toward the parent of the same sex, but later appear as doubts and foibles, compulsive rituals and ceremonials, which Freud described as typical of the anal-erotic character. The identification of the male child with the mother's attitudes and his vacillations between masculine and feminine behavior are basic determinants of the ambivalence in this neurosis. This ambivalence also seems to serve the purpose of neutralizing anal-sadistic intentions and of divesting the emotions of cathexis. Gero *(7)* finds that most of the sexual drives of the obsessional neurotic are repressed. But here again it may be supposed that any portion that escapes repression finds an outlet in masturbatory activities or in the libidinization of mental activities typical of the moral and ethical rigidities of this neurosis. The latter qualities cause a kind of benign behavior, emphasizing the strength of the superego in the compulsive neurosis. The frequent tendency to superstition in this neurosis is, according to Federn *(3)*, an unconscious help in overcoming archaic magical taboos.

In our culture, the fear of the number 13 seems to center largely around the superstition against '13 at table', and it is conventional to attribute its origin to the Last Supper. This explanation is disproved by the existence of the same superstition in non-Christian cultures. It was shared by the Hindus

and the Romans and it is paralleled by the Scandinavian myth that the twelve great gods were seated at supper when Loki entered, quarreled with Balder, and slew him *(11)*.

A seemingly more rational explanation for the superstition against 13 is found in frequent references to an article said to have been published in the Gentleman's Magazine in 1798 in which the statement was made: 'The superstition that where a company of persons amount to thirteen, one of them will die within the twelvemonth afterwards, seems to be founded on the calculations adhered to by the insurance offices, which presume that out of thirteen persons taken indiscriminately, one will die within a year' *(10)*. The superstition certainly antedates, and exists independently of, any such actuarial computations.

If the two digits of 13 are brought into juxtaposition, and if the vertical stroke is extended either upward or downward, the resulting hieroglyphic is obviously phallic. This symbolism, however, is necessarily limited to cultures which use Arabic notation. But no matter what notation may be used, 13 obviously represents the association of 10 (the number of fingers) with 3 (a universal phallic symbol), so that a reference to masturbation is inescapable. This too seems to be secondary rather than primary.

In all probability, the original use of numbers was merely for counting or tallying, and the decimal system, based on finger counting, is a 'natural' system and probably the oldest. One of its limitations, however, is that 10 does not readily lend itself to being divided into thirds or quarters. In this respect, 12 is obviously much 'handier'. The popularity of 12 as a unit must go back to very ancient times. In the Old Testament, for instance, there are many references to twelves among the frequently used tens, and scores, and forties. The competition between the decimal and the duodecimal systems is still preserved in the fact that in some languages the names of 11 and 12 are '10 plus 1' and '10 plus 2', while in other languages 11 and 12 have individual names and it is only

with 13 that one starts '10 plus 3'.

When primitive man first settled down to agriculture, a new importance attached to the weather and the cyclical return of the seasons. The roundness of the sky, the circling motions of the sun and moon, and the positions of the heavenly bodies on the circle of the horizon, assumed a new and magical importance. The fertility of the fields and flocks—and possibly a seasonal variation in human sexuality—seemed to have some relationship to the cosmic circles. The development of solar deities and deities of vegetation was accompanied by the rise of astronomer-priests, whose mystical power was largely based upon their ability to manipulate the circle. Even today—as anyone will remember who has struggled through high school geometry—the division of a circle into tenths is a difficult and sophisticated operation, but the division of a circle into sixths or twelfths is relatively easy. At all events, the dividing of the heavens into twelfths—with the resulting twelve signs or houses of the zodiac, and the twelve months of the year—goes beyond recorded history. If, then, 12 was the key to the important and emotionally charged complex of religion, magic, and astrology, which centered around fertility, it must have been a very wonderful number indeed.

But how about 13? There is nothing much one can do with 13. It cannot be divided into factors; in the ordinary affairs of a simple culture, one would not frequently come across a number that is a multiple of 13. When we say that 12 is 'a nice round number' we are summarizing ten thousand years of cultural evolution as well as testifying to the importance of 'roundness'. But 13 has no place in the system; 13 is something extraneous, something that is left over and left out. Some corroboration of this thesis—that bad luck attaches to something that is excessive or left over—is found in an old statement: 'Meursius in his *Denarius Pythagoricus* points out the antiquity of the *numerus infaustus* of *eleven* at a banquet. The number eleven being the first which transgresses the decad, denotes the wicked who transgress the

Decalogue; whilst *twelve,* the number of the apostles, is the proper symbol of the good and just' *(10).*

Whenever we 'exclude' something, we do so because it is 'bad' and we fear that it will retaliate by aggressively intruding itself back into our circle. (One remembers the wicked fairy godmother who was not invited to the christening.) In a sense, therefore, 13 may represent anything that is repressed and excluded from consciousness. But there are various matters that are specifically 'excluded' or 'separated'. The baby is born out of its mother's round belly. It is separated from her round breast, either on being weaned or on being supplanted by a younger sibling. Feces, too, are excluded and separated from one's body. And death, of course, is the ultimate exclusion and separation.

All fantasies of destructive separation and exclusion are subsumed under the fear of castration. Is not, after all, the little boy's penis an appendage, something 'extra' which is precariously added to his round belly, but which may be detached and taken away as his sister's penis must have been taken away from her belly?

In so far as circumcision is a threat of castration, it may be noted that according to rabbinic tradition, 'So great is circumcision that *thirteen* covenants were made concerning it. Tosafoth says that covenant is written *thirteen* times in the chapter of circumcision' *(9).* The Jewish boy is circumcised on the eighth day instead of at puberty, as is the general primitive practice, but one suspects that *Bar Mitsvah* at the age of thirteen was in primitive times the age of ritual circumcision at puberty. 'At thirteen years of age, a boy becomes bound to observe the (613) precepts of the law' *(9).*

There is a rabbinic anecdote which is all the more significant because the symbolic significances are entirely unintended. 'Once R. Judah the Prince sat and taught the Law before an assembly of Babylonian Jews in Sepphoris, and a calf passed before him. It came and sought to conceal itself, and began to moo, as if to say "Save me". Then he said, "What

can I do for you? For this lot (i.e., to be slaughtered) you were created." Hence R. Judah suffered a toothache for thirteen years. . . . After that a reptile (perhaps a weasel) ran past his daughter, and she wanted to kill it. He said to her, "Let it be, for it is written, 'His mercies are above all his works' ". So it was said in heaven, because he had pity, pity shall be shown to him. And his toothache ceased' *(12)*. To the possibly overconscientious rabbis, R. Judah the Prince was guilty of the calf's death; his talionic punishment might well have been his own death, which is symbolized by the toothache (threat of castration). Is it a mere coincidence that the toothache lasted thirteen years?

'There were those who maintained that Adam was created with a tail, and that it was from this appendage Eve was created. Other Jewish traditions tell us that Eve was made "from the thirteenth rib of the right side" ' *(9)*. Eve, as the thirteenth rib, is something excessive or separated, leaving the 'normal' 12. In an article on fantasies of the *os priapi* or 'penis bone', Imre Hermann *(8)* asserts that the fear and horror evoked by a skeleton are due, in part at least, to the obvious absence of a penis. Perhaps, then, Adam's tail or his thirteenth rib was an *os priapi* that Eve took away from him.

It seems to be a fact that only the ill-omened auspice of 13 is known to popular superstition. Folklore and esoteric numerology, however, reveal many instances of a favorable omen of the number. To some extent, this appears to be a separate and independent tradition; thus we find: 'The number 13 seems to have had some special meaning in pre-Christian times. To mention only two out of a great number: Romulus, who was both King and Incarnate God, went about surrounded by his twelve lictors; and the Danish hero, Hrolf, was always accompanied by his twelve berserks' *(13)*. In this connection, one can hardly overlook Moses leading the Twelve Tribes of Israel and Jesus with His twelve disciples. All this certainly suggests the solar deity, the source of light, heat and life, the divine phallus, accompanied by the twelve

months of zodiacal signs. This symbolism is corroborated by a detail from the lore of witchcraft, which in Europe was a survival of a primitive cult of nature and fertility. 'The number in a coven never varied; there were always thirteen, i.e., twelve members and the god' *(13)*. In this tradition, 13 is still phallic—not, however, the little boy's threatened penis, but rather the father's triumphant penis. In this context one may perhaps view the superstition against 13 at table as a warning against oral regression.

There is, however, much tradition that presents 13 in a favorable light but nevertheless does not seem to represent the heroic penis of the father-god. This seems to be an attempt to deny the fear which the number usually symbolizes. Folklore and numerology are highly ambivalent about 13, interweaving the two original traditions of good omen and evil omen with the defensive effort to deny or conquer the evil omen. 'In the Tarotic enumeration . . . XIII Death the Reaper, Change reaction, disappointment, denial, catalepsy, collapse, ruin and death. . . . The value or significance of the numbers, according to the Pythagorean scheme, is as follows: "13—wickedness, wrong" ' *(14)*. But this ominous aspect is not unqualified. 'The number 13 has its equivalent in the Hebrew letter *Mem,* and is regarded by Heydon as prosperous. It is a number of change, and not always unfortunate, as is generally supposed, although all change denotes effort, exertion, and consequent labor. In the Sepher Yetzirah the thirteenth path is the Path of Unity. It is the understanding of the Truth of all Spiritual knowledge. Thus it was that the old quaballistic masters said that "he who understands the number 13 hath the keys and power and dominion". The Occult Symbol of the number 13 is . . . a skeleton with a scythe (death) reaping down men. The skeleton has a scythe in his bony hands and is reaping in a field. Hands and feet are springing up amongst the leaves; a crowned head of a man has fallen at the point of the scythe, whilst at the back of it is a female head with flowing hair parted in the center. This

is a symbol of conception and realization. Therefore the number is a number of death, transmutation, deception, and destruction, hope, faith, and rebirth. In love affairs it is not evil; in marriage it is a number of harmony and happiness' *(11)*. That 13 is favorable in connection with love and marriage, is paralleled by a rabbinic comment: 'God decked Eve, and brought her to Adam. How did he bring her? Do you imagine that he brought her under a sprig of olive or a fig leaf? No, thirteen bowers did God construct for Adam and Eve' *(12)*.

The element of ambivalence is heightened by the concept of 13 as a 'sacred number'. 'The number was accounted sacred by the Mexicans, the Yucatans, and many ancient people. It is distinctly a number of regeneration, and is as the winter which follows the autumn and precedes the spring. At number 4 (1 + 3) arises the Emperor completely armed to gain his empire, which he will do through number 13, the number of regeneration, transformation, and spiritualization. Amid the pain of matter he who knows 13 will rise as victor' *(11)*.

It is a familiar fact that the concept of *sacer* or taboo is highly ambivalent—a mixture of the benign and the malevolent, the supernally perfect and the inexpressibly evil.[1] This is perhaps exemplified in the Last Supper. Who was the 'thirteenth at table'? Certainly Judas Iscariot was the discordant and evil thirteenth who destroyed the harmony of the gathering. It is equally true that there were present at the Last Supper twelve mere mortals and the conspicuous thirteenth, who was a godhead. This quasi-identification of villain with hero, of murderer with victim, is a familiar phenomenon.

Similarly ambivalent is the well-known concept of the Twelve Tribes of Israel. Schematically, they represent the 12 sons of Jacob (Jacob had 13 children, but since Dinah was only a girl she did not count and was excluded). But instead of there being a single tribe named for Joseph, each of his sons, Ephraim and Manasseh, was appointed head of a tribe.

[1] *Cf.* Freud: *The Antithetical Sense of Primal Words.* Coll. Papers, IV, p. 184.

Therefore there really were 13 tribes. The tribe of Levi was excluded from the count, however, because it was a priestly tribe. They were allotted forty-eight cities (a multiple of twelve) throughout the land of Israel, but they were given no inheritance of their own, because they were 'the Lord's'.

A strong effort to deny and conquer the evil omen and the ambivalence of 13 is seen in other Jewish formulations. According to esoteric lore, the numerical value of the six words composing the *Shemah* (the basic credal statement of God's unity) is 1118 or 86 times 13; and 86 is itself the numerical value of one of the divine names. Another of the divine names, and also the word for God's love, has the numerical value of 13 *(2)*. In the *Seder,* the home ceremonial of the first night of Passover, there is a children's counting song—'Who knoweth one?' 'One, I know; One is the unity of God.' 'Who knoweth two?' 'Two, I know; Two are the Tables of the Covenant', etc.—which climaxes in the statement and listing of 'the 13 attributes of God' based on Exodus 34:6, 7. God's perfection, therefore, triumphs over the ill-omened thirteenth, and takes it into itself. This act of reassurance, moreover, is redoubled. For the last attribute of God, according to Exodus 34:7, is the ominous statement that He 'will by no means clear the guilty'. But the rabbis by their own methods of exegesis converted this into the statement that 'He will by some means clear the guilty' *(12)*, and that is the triumphant conclusion of the Passover song.

Probably the best known and the most conspicuous instance of 13 as representing a perfect, all-inclusive and impregnable whole is found in the rich symbolism associated with our Federal Union. That there were 13 colonies and original states, of course is a fact of history. Their representation in the 13 stripes and the original 13 stars of the flag is perfectly rational. But the insistent repetition of 13 in the Great Seal of the United States testifies to the strength of its symbolic value, possibly mediated from esoteric lore by the Freemasonry which played a significant role in the Revolution.

At all events, the Great Seal is full of thirteens: 13 olive leaves, 13 berries, 13 arrows, 13 letters in *E pluribus unum* and in *Annuit Coeptis,* and multiples of 13 in the 'numerical value' of various words of good omen *(2).*

The effort to conquer 13 can be excessive. It was bad enough when Joseph dreamed that the sheaves of his eleven brothers bowed down to his sheaf, but that only made him the ruling member of a group of 12. When, however, he fantasied himself as the Lord of 13, and dreamed that the sun and the moon and 11 stars made obeisance to him, even his loving father Jacob had to reprove him: 'What is this dream that thou hast dreamed? Shall I and thy mother and thy brethren indeed come to bow down ourselves to thee on the earth?' As sheaves to sun, moon, and stars, so is 11 (or 12) to 13. Joseph's second dream was indeed 'going too far'.

The attempted conquest of 13 may also be somewhat regressive. The statement was made that the favorable associations of 13 are mostly esoteric, and that the ill-omened aspect of the number is the only one that is popularly known. One exception must be noted: 'the baker's dozen', the practice of selling buns and rolls '13 to the dozen'. This is an ancient custom. In The Witch, a play written by Thomas Middleton about 1620, it is referred to with a casual familiarity which denotes its antiquity three centuries ago *(10).*

CONCLUSION

For an obsessive-compulsive neurotic the number 13 was an obsessive signal of castration anxiety evoked by latent death wishes toward his wife. The number served as a defense, permitting him to isolate and undo his guilt for wishing for his wife the fate of their child who died. The number 13 as a symbol of bad luck saved him from guilt for his sado-masochistic fantasies.

In folklore and religious tradition, 13 represents both the danger of castration and the triumphant phallus. Its evil and auspicious meanings are closely associated.

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FAILURE TO UNDERSTAND HUMOR

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Failure to enjoy a joke or a cartoon does not usually imply a failure to understand it. A prudish person may fully comprehend jokes about sex although they may cause him to feel embarrassment or disgust. Unless it is foreign to one's own culture or is too subtle, most popular humor is relatively easy to understand. In this respect humor differs from dreams, which are rarely so readily comprehended.

When a joke is not understood, investigation often shows that the point of the joke is missed because some essential detail is overlooked or is misperceived. As a result, the listener may give an inaccurate explanation of the joke. In many instances, further investigation of these failures reveals that there is really a hidden wish not to understand the humor. The errors of perception are found to be meaningful in achieving a more acceptable resolution of some conflict that is evoked by the joke.

For a person to avoid understanding a simple joke or cartoon, some intellectual or perceptual blocking must occur. The simplest cause of such blocking is denial: an essential detail of the humor is simply overlooked and the point of the joke is missed. When misperception or distortion of the cartoon occurs, the subject both denies what he sees and projects upon the joker an idea not actually expressed in the joke. This denial and projection is more complex than simple denial and is no doubt the response to a greater danger of break through of ego-alien impulses. In the following examples, certain humorous cartoons evoked not laughter but

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rather anxiety, the source of which was prevented from reaching consciousness by a failure to 'get' the joke.

CLINICAL EXAMPLES

A highly intelligent and sophisticated scientist, the head of a university department, was shown a cartoon in which an office administrator approaches the office 'suggestions' box. Beneath the box is a bottle marked 'poison'. The scientist could not understand the cartoon. When the bottle of poison was pointed out to him as a clue to the meaning of the joke, he was surprised to see the poison label, although it was most prominently displayed. He was then able to understand that someone had placed the poison there as a suggestion to the boss to take it. Even after he understood the cartoon, the scientist did not consider it funny.

Analysis showed that the theme of the cartoon touched upon a problem that particularly troubled the scientist at that time. He feared that he was either too hostile or too lenient to his subordinates and his superiors, and was deeply concerned about whether or not the students and his superiors really loved and respected him or hated and despised him. By denying the perception of the poison label he was able to avoid facing his problem as represented in the cartoon. It is significant that this man had as a child greatly feared loss of love and avoided his hostile impulses. These anxieties had never been fully mastered, and were revived by problems in adulthood concerning his relationship with other persons.

A cartoon by James Thurber shows a very small, frightened man coming home to a large house. Against the background of the house is drawn the huge head of an angry and threatening woman. She looks down upon the little man with great wrath upon her face as though she is going to tear him apart when he enters the house. A competent professional woman who was shown this cartoon failed to understand it. Even after questioning and prodding, she failed to see the threatening woman, although this was clearly the largest and most con-

spicuous figure in the cartoon. The outline of the woman's head was then pointed out to her, and she saw the point of the cartoon. She was obviously disturbed by the humor, and saw nothing funny in it.

This woman's hostile, competitive feelings toward men were held in check with difficulty; they caused anxiety and were often expressed by explosions of rage against her husband. Her blocking out part of the cartoon from her awareness seemed to result from a desire to avoid facing this conflict which was so distressing to her.

Another of James Thurber's cartoons shows a large sorrowful-looking dog watching a little man who is shadowboxing before a mirror. The caption reads, 'They're going to put you away if you don't quit acting like that'. A talented, sophisticated young woman artist failed to understand this cartoon because she did not see the dog in it. When it was pointed out to her, she immediately got the joke, but she still did not like it. She stated that for a long time she had feared and disliked dogs. In her early adolescence she had permitted a dog to lick her genitals while she was menstruating; her guilt over this act was intense.

In these three illustrations the inability to understand the humor resulted from a failure to see an essential element in the joke. We have interpreted this failure as due to perceptual denial which permitted the subject to avoid the distressing theme of the humor, a theme associated with some preconscious conflict, probably of infantile origin.

In other instances, failure to understand humor results from distortion of a detail. The distortion provides a more satisfactory resolution of some conflict activated by the humor.

A young woman patient being treated for anxiety neurosis was shown a typical cartoon by Charles Addams in which a man is nonchalantly raking leaves around a tree to which he has tied an apprehensive, buxom woman, probably his wife. He is going to burn the woman with the leaves, as though at the stake. The young woman responded to the cartoon with

some feeling. She stated, 'I don't see anything funny in it. I know what's going to happen. He is going to burn up the man with the leaves.' She understood the murderous intent in the cartoon, but changed the sex of the victim.

Much of this woman's anxiety resulted from two fears. One was fear of attack by her husband. Before their marriage he had attacked and practically raped her. Their subsequent sexual relationship seemed to take the form of lustful attacks by him. He later infected her with a venereal disease. Sexual experiences were to her intensely masochistic, violent, and painful. Her other fear was of harming her husband, her children, or sometimes herself. She had sought admission to a hospital because of these fears. In therapy, the patient's hostility toward her husband quickly became evident in continual fantasies of revenge against him. 'I will shoot my husband in one leg', she said, 'then in the arms and the stomach and then between the eyes. Perhaps I will leave him to starve. He will want to have intercourse with me as I am shooting him but I will only laugh.'

By the transformation of the sex of the victim in the cartoon, this woman was able to adapt the humor to her newly conscious sadistic fantasies about her husband. But her intense wish for and fear of attack by her husband forced her to avoid facing such an attack, even in jest. It is therefore probable that both inability to see a detail—denial—and misperception by projection produced her response to the pictorial representation of the popular fantasy about the much-abused husband who finally turns on his shrew of a wife.

It appears to us that the severity of the preconscious conflict is indicated not only by the reaction to humor but also by the ease with which the individual is able to correct his error in perception of the cartoon. Some people seem unable to correct their errors without help. Others, especially those very much disturbed by a cartoon, are incapable of correcting their misperceptions even with help; such persons are often psychotic. The perceptual distortions and omissions and consequent mis-

understandings caused by a severely disturbing cartoon seem to be all but uncorrectable. For example, a young male patient who showed no severe disturbance but had anxieties over homosexual and voyeuristic impulses was shown a cartoon by Peter Arno of a young woman stripped to the waist, sitting before a physician who looks puzzled. The nipples of her breasts are turned inward in such a way as to give them a cross-eyed look. The doctor says to the girl, 'Have you tried an oculist?'. The patient responded to this cartoon with embarrassment and disgust, exclaiming, 'I don't like this . . . it's filthy . . . just sex, just plain dirty. He has got her disrobed . . . it's pure sex. I never did get a kick out of a dirty joke.' When the cross-eyed breasts were pointed out to him, he still failed to comprehend. He finally refused to look at the cartoon.

The same cartoon caused a more severe reaction, with obvious distortion and projection, in a paranoid schizophrenic woman. She remarked, 'The doctor sees spots in front of his eyes and he puts them on her breasts'. Her projection served as a defense against the distortion of the body which she could not accept. She could not correct her misperception.

Another male patient, only mildly incapacitated by anxiety, and of superior intelligence, responded to the same cartoon with, 'I don't know why I don't like this cartoon. It's not funny at all. I don't see anything funny in it. The doctor is completely baffled and he asks her to see an eye doctor because she is sort of cross-eyed.' This patient had strongly identified himself with women and had many anxieties about his sexual adequacy and about his body. During his wife's pregnancy he suffered pains in the stomach and nausea. On the night of her delivery, he vomited and was hospitalized.

In another cartoon by Arno, a timid, thin little man is standing at a bus stop. A young woman who looks seductive and is obviously a streetwalker is approaching him; he tells her, 'But you're mistaken, I assure you. I was whistling for a cab.' A young man responded to this cartoon with embarrassment and disgust. 'She is probably bawling him out', he said. 'I guess

the funny thing is that the girl should think that such an ugly man would be whistling at her. I mean it's probably funny that the girl probably isn't too smart and thought that the man was trying to make her, give her a mashing. It's just funny that the girl thinks that a man not very attractive would do that to her—an old man.' He could not see the cartoon differently; to him it hardly seemed funny. He was an obese, dysplastic young man whose severe castration anxiety caused him to become attached to idealized sexless women and masochistically to provoke them to reject him. He was afraid of sexually aggressive women and thought of himself as an ugly effeminate boy.

Another subject, only mildly disturbed but too much concerned over his physical adequacy, became separated from his wife because of violent and uncontrollable jealousy. He was shown an Addams cartoon in which a couple are riding through a forest of huge redwood trees. There is no caption, but they are seen passing by a redwood that has been felled; into its stump is driven a huge axe such as might be wielded by a giant. The couple look startled. Of this cartoon, the subject observed, 'She's going along with the little nincompoop, but she's more interested in the guy who is capable of swinging the axe'. Clearly the subject's concern over his sexual adequacy caused him to attribute to the picture an idea not expressed by it.

In a cartoon by Arno, a powerful physical instructor is lying on a wrestling mat, his arm twisted behind him by a puny little man on top of him. Obviously the instructor is allowing himself to be overcome and he says, with a leer on his face, 'Very good, Mr. Duncan. A month ago you could not have done this.' A highly intelligent obsessive-compulsive patient said of this cartoon, 'This is very plain, the physical instructor is having him go through the exercise just—. He looks like a fairy—. He's looking for some sexual action.' This patient was obsessed by the notion that he himself looked like a fairy and that he would be subjected to a homosexual attack. He was small of stature and had grave doubts about his own masculinity.

In these examples, the failure to understand humorous cartoons was associated with unpleasurable reaction to them, often expressed by a remark such as, 'I don't see anything funny in this cartoon'. Occasionally disgust or open revulsion to humor suggests that the humor has touched off a strong emotional conflict.

DISCUSSION

Our examples illustrate the basic principle so often emphasized by Freud that any distortion of a psychological event, either internal or external, results from a mechanism of defense which protects the individual against awareness of unconscious strivings *(4)*. The fact that such apparently innocuous stimuli as humorous cartoons can provoke such defensive reactions attests to the fact that humor actually taps deep preconscious conflicts.

Freud supposed that the enjoyment of humor results principally from a momentary state of regression of the ego in which some instinctual drive finds release without rousing great anxiety. We may regard errors in perception of humor as similar to the parapraxes of everyday life. As in parapraxes, an impulse of the id is momentarily re-enforced and the vigilance of the ego reduced; instinctual energy erupts and gratification results.

As Eidelberg noted *(3)*, a joke differs from an error in that the individual is conscious of the underlying conflict expressed by the joke and is willing to disclose it, whereas in the error the conflict is unconscious and is disclosed against the will of the individual. Clearly this difference is less significant when the joke is not appreciated.

When a cartoon or a joke with a sexual or aggressive theme is misperceived, scoptophilic impulses are being inhibited. Freud long ago pointed out that 'there is no doubt that the original motive of the smutty joke was the pleasure of seeing the sexual displayed' *(5)*. We may similarly suppose that the pleasure we get from aggressive cartoons springs from the pleasure in seeing aggression displayed. Failure to understand

humor dealing with sex or aggression presumably results therefore from conflict over the wish to see exposed sexual or aggressive impulses.

In his classic paper on the transformation of scoptophilia, Abraham *(1)* gave many examples of inhibitions and displacements of the scoptophilic drive. Each of these examples showed that when seeing is sexualized, conflicts are set up which find expression in visual symptoms. The severity of these symptoms is determined by the intensity of the scoptophilic drive and the conflict set up by it, and by the defenses mobilized against its expression. In Abraham's examples, these photophobias and visual limitations became major neurotic symptoms, showing the importance of this drive.

In everyday life occur many minor visual disturbances which, like parapraxes, show a conflict between impulse and control. The subject fails to recognize, or distorts his perception of, a readily recognizable person or object. The impetus to deny or to distort results from the conflict over the wish to see.

Tausk *(15)* described a patient who failed to recognize a very familiar bust of Henrik Ibsen, the great dramatist. He did so because it reminded him of an embarrassing quarrel he had just had with a pharmacist because of a sexual affair with the pharmacist's wife. Ibsen at one time was a pharmacist. Tausk concluded that the patient did not want to see the bust as that of Ibsen because it would remind him of the pharmacist. He perceived the bust as unfamiliar because of a paranoid mechanism. The loved object becomes a stranger because of withdrawal of the subject's libido. The initial defense is perceptual denial; the denied then returns as a projection in the form of a misperception. We may assume that in our own cases, for example in the misperception of the victim at the stake as a man instead of a woman, the mechanism was similar. The impulse aroused by the humor is denied because of the anxiety associated with it, and the cartoon is transformed into a misperception more in harmony with conscious thoughts and desires. This assumption is consistent with Waelder's recent

hypothesis *(16)* that in the development of paranoid ideas projection follows the unsuccessful denial of instinctual impulses.

Whether humor evokes an affective or a perceptual disturbance, we infer that a preconscious conflict has been aroused which is censored but threatens to erupt into consciousness. But we do not know what particular circumstances evoke particular reactions and defenses. Will the joke cause disgust? Or will it be but partially perceived, or misperceived? We cannot predict; neither the severity of the subject's psychic disturbance nor the nature of his personality appears to determine the result. Freud has emphasized that no particular, specific type of personality characteristically uses a specific defensive measure against unacceptable perceptions and associations. Defenses occur in every kind of neurotic and psychotic condition. Freud stated, 'the task of defending against dangerous perceptions is common to all neuroses' *(4)*.

We know that for the proper appreciation of humor, the ego regresses, gives up some control, and subordinates its defensive functions for the moment. This controlled regression of the ego and the eruption of preconsciously censored derivatives into consciousness cause the humor and laughter to be experienced by the individual passively. Once initiated, they are under limited control by the ego. As Kris *(11)* points out, 'We become weak with laughing; he who laughs is defenseless. When laughter overcomes and disarms us, we speak of an attack of laughing. . . .' If we wish to stop laughing, we are often obliged to try to divert our attention.

Part of the pleasure in the regression of the ego no doubt springs from the mastery, achieved both in the past and in the present, of the anxiety associated with the source of the humor. As Kris *(10)* says, 'Comic pleasure refers to a past achievement of the ego which has required long practice to bring it about'. In this way, the successful achievement of pleasure from humor demonstrates the synergistic functioning of the adaptive and defensive functions of the ego. The small amount of residual anxiety generated by admission of the repressed into the pre-

conscious is tolerated because the ego is aware that the present danger is not real. To foster the unreality and to create the humor, certain formal elements in the joke also serve to disguise its underlying meaning.

The form of the joke makes regression possible and also hides the underlying censored impulse. It is probably for this reason that analysis of humor usually meets with such strong resistance. We laugh without too much worrying why. And certainly we fear that if we probe to find out why we laugh at a joke, what we discover will spoil it and put an end to our laughter. The success of humor, as of a dream, depends upon the effectiveness of the disguise of the real instinctual aims. It is well known that children's sense of humor differs from that of adults. We know too that the humor of psychotics is quite different from that of normal persons. Both children and psychotic persons are much too close to the unconscious for the disguise of the typical joke to mask effectively the underlying meaning. We have often seen a psychotic person react to a humorous cartoon with revulsion because he saw too clearly its tragic aggression and undisguised sexuality.

The fact that humor can produce intense emotional reactions demonstrates how sensitive is the individual to the underlying meanings of humor. Dreams, creative art, and humor are all ways by which the deepest strivings of man find expression. They differ only in the form of their expression. This was well expressed by Kris *(11)*: 'It is easier to prove this theory in relation to the role which laughter plays in cult and myth than by observation itself; it [laughter] represents aggression and seduction simultaneously, is associated with birth or rebirth, and procreation, is the sign of godlike strength and so of godlike privilege, but is also the sign of the rebellion of the human race, and one feels continually forced to the conclusion that ultimately defense against anxiety, mastery of anxiety, and pleasure-gain are compressed together in the one act.'

Reik *(14)* made explicit the point discovered by Freud that there is a 'similarity of the psychical process by which the hid-

den meaning of unconscious processes is discovered both in an analytic idea and in wit. In certain important points, the mental process by which the pith of the matter is grasped is the same, whether the case stirs our deep sympathy or raises a laugh.' Grotjahn *(8)* emphasizes the fact that often in analysis humor and laughter render acceptable an interpretation that otherwise could not be made. Fenichel is reported to have maintained that response by laughter to a psychoanalytic interpretation is a far better evidence of the correctness of the interpretation than is either a 'yes' or a 'no'. Reik too has observed that 'the recognition of repressed tendencies often finds expression in the patient's laughter. It is as if he were releasing in his laughter the tension that was necessary to suppress the forbidden impulse' *(14)*. When humor is successful, the repressed can become conscious without excessive anxiety.

What of those who use humor as a defense? Such persons, who attack and punish themselves and others by means of humor, seem to achieve a token gratification. They must try to hurt and to master by means of humor because more direct means are not accessible to them *(2, 7, 9, 13)*. By making others laugh, they exhibit both their own strength and their own weakness. The laughers are reduced to laughing helplessness and are no longer threatening. The desire to make people laugh is therefore partly an aggressive wish.

Persons stricken by grief or by melancholia cannot laugh or enjoy humor. The sense of humor of other depressives, whose depressions center about introjected rage or self-punitive guilt, seems to resemble the humor of those sado-masochistic individuals who use humor for attacking others or for making fun of themselves. This difference in the reaction to humor may be fundamental in distinguishing between the various types of depression. Another kind of person who cannot use humor adaptively is the so-called 'humorless' individual, the one who has no sense of humor and finds nothing amusing or laughable. Clearly, he has too punitive a superego to permit even a momen-

tary relaxation of defenses and 'regression in the service of his ego'. As a matter of fact, each of us has moments when no humor can be enjoyed and ego regression for pleasure gain is not possible. 'Wit gives freedom and freedom gives wit.'

The relationship between ego and superego in humor is certainly complex. A better understanding of their interaction is essential if we are to analyze fully the appreciation of humor. Likewise an intensive study of humor can lead to a better understanding of the relation between these two structures. As Freud *(6)* wrote, 'If it is really the superego which, in humor, speaks such kindly words of comfort to the intimidated ego, this teaches us that we have still very much to learn about the nature of that institution. Further, we note that it is not everyone who is capable of the humorous attitude; it is a rare and precious gift, and there are many people who have not even the capacity for deriving pleasure from humor when it is presented to them by others. Finally, if the superego does try to comfort the ego by humor and to protect it from suffering, this does not conflict with its derivation from the parental institution.'

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Psychoanalysis: Practical and Research Aspects. By Willi Hoffer, M.D. (Abraham Flexner Lectures: Series No. 12.) Baltimore: The Williams & Wilkins Co., 1955. 102 pp.

Adelaide M. Johnson

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BOOK REVIEWS

PSYCHOANALYSIS: PRACTICAL AND RESEARCH ASPECTS. By Willi Hoffer, M.D. (Abraham Flexner Lectures: Series No. 12.) Baltimore: The Williams & Wilkins Co., 1955. 102 pp.

We are indebted to Vanderbilt University for the publication of the Abraham Flexner Lectures given by Dr. Willi Hoffer to a general medical audience. The scholarly tradition of all Flexner lectureships is well known, particularly to Americans. Dr. Hoffer has portrayed the finest ideals in this series of five lectures, entitled as follows: Principles of Training in Psychoanalysis; Internal Conflict and Anxiety; Some Aspects of the Psychoanalytic Investigation of Childhood; Ego Reactions in Cerebral Disease; and Some Problems of Ego Psychology. The author's repute as a superb educator is lucidly depicted in each chapter, by simple delineation of rather complicated material.

Dr. Hoffer prudently makes no attempt to cover the entire field of psychoanalysis but seems to set himself the task of describing the kit of tools with which psychoanalysts work, and the basic concepts underlying their procedures. He broadly defines some of the areas in which we conduct research. He describes ably and simply the fundamentals operating in psychoanalytic therapy, which pointed the way to some of the challenging research being done today. Questions to be answered by research are wisely and successfully balanced with known facts throughout the lectures.

No one has explained more clearly and succinctly the principles of training in psychoanalysis. Internal conflict and anxiety are accurately and fully described for the nonspecialized audience. The art of such exposition will be most appreciated by the reader who himself has attempted such a task in teaching. The case presentation tends toward a degree of obscurity in reading which it may not have had in the spoken lecture.

Considerable thought is given to the investigation of the emotional development and the problems of children. There is a wealth of research and factual material pertinent to a longitudinal view of emotional health and disease. In the United States many

psychoanalysts see the child-mother symbiosis as a more dynamic, continuously spiraling relationship, each constantly influencing the other, with distortion of the unfolding instinctual development of the child. A similarly more dynamic concept of parent-child relationships arises in reading the lecture on ego psychology. In spite of such differences in orientation, however, the reader will find many useful concepts in this particular chapter. Hoffer's view of the 'self' raises challenging questions.

In his chapter, Ego Reactions in Cerebral Disease, and his partial analysis of a case of postencephalitic Parkinsonism, the issues become quite controversial. Dr. Hoffer states that it was the opinion of those who knew the patient intimately that the psychological picture she showed was a personality reaction to the cerebral disorder. This is a challenging question about which some will say, 'Granted that we constantly observe organic disease disturbing the relative homeostatic emotional adaptation to life, still in this instance it was not really demonstrated that the organic cerebral disease had any significant association with the emotional disease'. Some investigators would certainly speculate that in Dr. Hoffer's case anxiety might, as a stress, have hastened the progress of the cerebral disease. The intention of the lecture, however, is stimulating and would seem a particularly pertinent approach to the controversial new field of temporal lobe epilepsy.

The lecturer's considerations, often provocative and refreshing, will stimulate questions in most readers. Psychoanalysts will be proud indeed to have had such an able and scholarly man deliver these brilliant Flexner lectures.

ADELAIDE M. JOHNSON (ROCHESTER, MINNESOTA)

PSYCHOANALYTIC PSYCHIATRY AND PSYCHOLOGY. Clinical and Theoretical Papers. Edited by Robert P. Knight, M.D. and Cyrus R. Friedman, M.D. New York: International Universities Press, Inc., 1954. 391 pp.

Recent years have measured a spate of volumes of previously published papers bound together on the ground of subject matter, time of publication, or authorship. However valid this type of publication may be, many of us have come to look upon such volumes, as well as the additional groupings of Freud's writings between new

covers, as luxury items. A similar criticism might be leveled against the volume under review, embodying representative publications of the staff of the Austen Riggs Center; however, the justification for its publication, as given in the Introduction—to bring together exploratory studies of 'certain frontier areas . . . of dynamic psychiatry, clinical psychology and psychoanalysis'—is warranted by the nature and quality of the papers presented.

As a kind of foundation, Section I presents Dr. Knight's well-known and distinguished Presidential Address of December 7, 1952, to The American Psychoanalytic Association.

Section II, Clinical (psychiatric studies), begins with Margaret Brenman's paper On Teasing and Being Teased: And the Problem of 'Moral Masochism'. This competent study of an intricate problem shows that the application of ego psychology may help to break down various complex psychologic functions into their components. Other papers deal with problems of ego states and states of consciousness in general, and with psychoanalytic psychotherapy in general. Four are by Knight, two on 'borderline' states and their management, two on the present status of psychotherapy and its techniques. The role of the ego is emphasized in these and in the next paper by Merton M. Gill, Ego Psychology and Psychotherapy. Two case reports of more than usual interest are included: Aaron T. Beck writes on outpatient therapy of a chronic schizophrenic; Allen B. Wheelis reports Flight from Insight. Wheelis's exceptionally frank revelation of probable technical errors in treatment makes this paper of especial interest. The clinical section closes with Erik H. Erikson's masterly study of Freud's Irma Dream. This specimen dream of psychoanalysis, together with Freud's interpretation, is studied in the light of present knowledge. The spirit in which Erikson undertook the reinterpretation is noteworthy: 'If we, in passing, must spell out more fully than Freud did certain latent dream thoughts suggested by him, we are guided by the consideration that the most legitimate didactic use of the personal data of Freud's life concerns a circumscribed area of investigation, namely, the dynamics of creative thought in general and, specifically, in psychoanalytic work.' The Outline of Dream Analysis, which Erikson introduces, and its application to the study of dreams are noteworthy contributions to psychoanalytic technique.

Section III, Clinical Psychological, consists of two papers by David Rapaport and two by Roy Schafer. We observe a fruitful interaction between psychoanalytic theory and academic psychological testing, resulting in an effort to identify 'personality' characteristics rather than diagnosis as clinical criteria, and to emphasize individual variation as well as group trends. The view is advanced that 'interpretations as micro-units of analysis and batteries of tests as macro-units of investigation appear to hold great promise for personality investigation'.

Section IV, Theoretical, opens with four significant papers by Rapaport: 1, The Conceptual Model of Psychoanalysis; 2, The Autonomy of the Ego; 3, On the Psychoanalytic Theory of Thinking; 4, On the Psychoanalytic Theory of Affects. The influence of the development of ego psychology upon the basic tenets of psychoanalysis is demonstrated with unusual clarity and felicitous example. Rapaport's fourth paper is perhaps one of the finest examples of the comparative study of psychiatric theory and its use in the production of a more comprehensive theory in a subject long characterized by confusion of thought.

Knight's Psychiatric Issues in the Kinsey Report on Males, Brenman's Dreams and Hypnosis, and the paper by Brenman and others entitled Spontaneous Fluctuations in Depth of Hypnosis and Their Implications for Ego Function are studies of unfamiliar problems of ego psychology.

The final contributions are Erikson's On the Sense of Inner Identity and Knight's Determinism, 'Freedom', and Psychotherapy. Erikson attempts to describe the 'principal criteria of ego strength in various stages of development', and proposes concepts which 'should be given consideration as auxiliary or intermediary concepts in the dynamic study of individual destinies and in the dynamic study of social institutions'. Knight's paper enters an ancient field of philosophical warfare. By careful definition he reveals the nature of the confusion in the debate: free will versus determinism, and suggests that 'free will is a subjective feeling, which is better called a sense of inner freedom, and which depends on harmony and integration of the personality'.

The volume includes bibliographies of the staff of the Riggs Center, 1947 through 1951, an index of names, and a somewhat inadequate index of subjects.

WILLIAM G. BARRETT (SAN FRANCISCO)

AN OUTLINE OF A COMPARATIVE PATHOLOGY OF THE NEUROSES. By Ludwig Eidelberg, M.D. New York: International Universities Press, Inc., 1954. 263 pp.

This might be called a textbook on basic concepts of psychoanalysis for advanced students. It combines an elementary with a highly theoretical approach which includes many original ideas. Eidelberg has developed what he calls 'comparative pathology of the neuroses' which is a dissection of clinical pictures and of dreams according to six fixed categories: External World, Id, Ego, Superego, Narcissistic Mortification, and Total Personality. By this means cross-sections are made through the different neuroses; not only different patients, but also different symptoms in the same patient are scrutinized and compared. This kind of examination yields, in the author's opinion, a better understanding than long case histories, particularly of which part of the total personality plays the decisive role in the unconscious defense against infantile wishes. The problem of the quantitative relation between the aggressive and sexual instincts in their various fusions, and that of the choice of neurosis may also, it is said, be brought nearer to a solution. It is emphasized that such comparative studies should be made only after the completion of an analysis.

The didactic value of this method is evident. This reviewer believes, however, that the value of the book would be much enhanced if a smaller number of more extensive case histories were presented instead of the large number of skeleton case reports—of no more than one or a few sentences for each of the six categories—giving no confirmation from the clinical material. The brevity to which the author intentionally resorts seems overdone; it makes the reading of the case reports monotonous and unconvincing. The general theoretical idea of the book, however, is very interesting and deserving of greater elaboration.

BERNHARD BERLINER (SAN FRANCISCO)

AN OBJECT RELATIONS THEORY OF THE PERSONALITY. By W. Ronald D. Fairbairn, M.D. New York: Basic Books, Inc., 1954. 312 pp.

In this volume, Dr. Fairbairn presents a collection of various contributions published during twenty-four years. Some are already familiar to the reader of psychoanalytic literature. A few are pub-

lished for the first time. They are now arranged in serial form, to illustrate the gradual development of a line of thought that led the author to attempt to replace the 'outmoded impulse psychology', which Freud 'had never seen fit to abandon', by a psychology of object relationship.

Dr. Fairbairn's work is patently of Kleinian lineage. 'The ground has already been prepared for such a development of thought by the work of Melanie Klein, and indeed it is only in the light of her conception of internalized objects that a study of object relationships can be expected to yield any significant results for psychopathology' (p. 60). Unlike other followers of the Kleinian school of thought, who maintain that the Kleinian metapsychology is not a deviation but an advanced, logical development of freudian theory, Dr. Fairbairn is forthright in pointing out ambiguities and inconsistencies in Kleinian theory, which he feels are due to a residual and unnecessary clinging to some aspects of the outdated freudian theory, and which prevent Mrs. Klein from pushing her views to their logical conclusion. He rightly notes, for example, that 'the conception of internalized objects has been developed without any significant modification of a libido theory, with which there is no small reason to think that it is incompatible' (p. 83), and again, 'Mrs. Klein has, of course, come to regard the œdipus situation as originating at a very much earlier stage than was formerly supposed. Her resolution of the difficulty must accordingly be interpreted as having been achieved at the expense of the "phase" theory' (pp. 92-93). Certainly, the placing of the œdipus situation at five to six months does imply the sacrifice of the libido theory with its corollaries.

Dr. Fairbairn proceeds to take over the task of pushing these Kleinian concepts to their logical conclusion, by means of a more wholesale scuttling. Overboard go the concept of the unconscious, infantile sexuality, the theory of instincts, The Interpretation of Dreams—in fact, the embryology, the dynamic aspects, the structure, and the economics of the mental apparatus. From freudian theory and from the Kleinian contribution he proceeds to build an original structure by developing his ideas of object relationship and a theory of preformed, unitary ego.

It is beyond the scope of this review to enter into detailed analysis of Dr. Fairbairn's theories. Briefly stated, the 'distinction between

id and ego is abolished, and the ego is regarded as an original structure which is itself the source of impulse tension. At the same time, impulse tension in the ego must be regarded as inherently oriented toward outer reality, and thus initially determined by the reality principle' (p. 157). Psychic health or sickness depend on the weathering of the fateful early oral (sucking) and late oral (biting) stages. As Fairbairn puts it, 'If the great problem which confronts the individual in the early oral phase is how to love the object without destroying it by love, the great problem which confronts the individual in the late oral phase is how to love the object without destroying it by hate' (p. 53). It is at the early oral phase, according to Dr. Fairbairn, that the internalized ambivalent object is split into three parts. The original unitary ego, because of the cathexis which binds it to the object, also suffers a split into three parts ('central ego', 'libidinal ego', and 'internal saboteur'). Thus the schizoid position is established. 'The basic position in the psyche is invariably a schizoid position' (p. 8). (He considers Mrs. Klein's depressive position, occurring in the late oral phase, of secondary importance.) It is on the varying degrees and proportion in which this splitting takes place that the psychology and the psychopathology of the individual depend. At one end of the scale is the so-called normal individual, because on the deepest level 'everybody without exception must be regarded as schizoid' (p. 7). At the other end of the scale is schizophrenia. Between lie various intermediate conditions, such as schizoid personality, schizoid character, most of the anxiety states, and paranoid states.

The originality of Dr. Fairbairn's work cannot be denied, and his fresh approach certainly provides a stimulus to discussion to anyone who wishes to engage in it. It is however difficult to avoid the impression that the shifting currents of object relationship have carried Dr. Fairbairn's bark into shallow and tricky waters, far from the deeper and more navigable channels of classical psychoanalytic thought.

ALEXANDER BROMLEY (NEW YORK)

GÉNESIS PSICOSOMÁTICA Y TRATAMIENTO DE LAS ÚLCERAS GÁSTRICAS Y DUODENALES (The Psychosomatic Genesis and Treatment of Gastric and Duodenal Ulcers). By Ángel Garma, M.D. Buenos Aires: Editorial Nova, 1954. 239 pp.

Two chapters of this book are addressed to the psychoanalyst, the rest to the general public. It contains a brief review of research into the problem of gastric and duodenal ulcers, notes on the theory of instincts, excerpts from case reports, application of the author's theories to *La ulcera,* a novel by A. J. Zunzunegui, and a bibliography. The author concludes that psychoanalytic treatment is essential for ulcer, particularly if the patient has required surgery.

A new theoretical concept is introduced, the 'oral digestive' phase of libidinal organization. The oral erotic zone is extended to include the stomach and duodenum. All the characteristics ascribed by psychoanalytic theory to the oral zone are attributed to this segment by the author. Oral wishes are merely the superficial and conscious manifestations of much more important unconscious wishes to receive and to digest inside the gastrointestinal tract. The language of the oral zone must be translated into a gastroduodenal language. The author's psychological formulations are strongly influenced by the theories of Melanie Klein.

Dr. Garma agrees with the views of Alexander and his associates as far as they go, but feels that his own theories have a much broader foundation. The most important predisposing psychological factor in the genesis of gastric and duodenal ulcers is a deep 'oral digestive' fixation. The premature severance of the umbilicus is also of great pathogenic importance, but this hypothesis Garma has not yet verified. When the libido regresses to the 'oral digestive' phase—as regularly happens in patients with gastric and duodenal ulcers—the ingested food represents the frustrating, bad mother, the gastroduodenal segment the penis, the digestive processes the incestuous act, and the ulcer the punishment by castration. Because of the regression, the revived imagoes of the frustrating parents discharge their aggression 'digestively' against the gastroduodenal segment. Gastric hypermotility and hypersecretion are defenses analogous to the hypersexuality of the sexually inhibited individual.

A review does not allow exhaustive discussion of all the contro-

versial issues in this book. It may be said, however, that it is erroneously stated (p. 37) that Freud proposed to change the libido theory by uniting 'digestive' instincts with the oral ones. Since references are not given this statement is unverifiable. But certainly Freud never recognized a 'digestive' partial instinct in connection with the oral phase of libidinal organization, or the gastroduodenal segment as part of the oral erotic zone.

Dr. Garma classifies gastroduodenal ulcers with the psychosomatic disorders but at the same time says that they are the distorted expression of unconscious infantile sexual fantasies. These two assumptions are by definition incompatible. The principles of distinction between psychosomatic and psychoneurotic illnesses were established by Freud[1] and corroborated by others, Fenichel for example.[2] Accordingly psychosomatic illnesses are organ neuroses. They have no definite psychic meaning but are the consequence of changes in physiological function of the organ, changes caused by unconscious attitudes. The peptic ulcer is such a condition.

NICHOLAS YOUNG (NEW YORK)

SEX AND MORALITY. By Abram Kardiner, M.D. New York: The Bobbs-Merrill Co., Inc., 1954. 266 pp.

According to its jacket, this book presents for us clear and readable answers to the basic *what, how, why* of the major problems of sex and morality in modern marriage and of the changing family of today, and some answers, too, to such minor problems as inhibitions of the individual's sexual life, feminism, the flight from masculinity, and the Kinsey report on the female. It is written in a chatty and discursive style, obviously for laymen. There is no bibliography or index. Naturally, where so much is attempted there is much extension and not much depth to the somewhat fragmented contents.

The partial truths and superficiality of the cultural relativist at times appear to obscure the holistic grasp, experience, and common sense of the practicing analyst. For example: 'Sexual education is made difficult because parents deceive and alarm the child—they

[1] Freud: *Psychogenic Visual Disturbance According to Psychoanalytic Conceptions* (1910). Coll. Papers, II.

[2] Fenichel, Otto: Nature and Classification of the So-Called Psychosomatic

are merely passing on what they have been taught themselves'. Kardiner writes, 'Sex customs derive their meaning from their social context', but makes no mention of the corollary influence noted by Freud that the repression of sexuality in childhood is responsible for culture. Penis envy, according to Kardiner, exists clinically but 'it is a product of our sexual morality'; yet he says, 'there is no way to tell which aspects of female behavior are part of the organic equipment and which of social conditioning'—whatever he means by 'organic equipment'.

The influences of liberalism, feminism, and psychology as personified mainly by Freud, the perfection of contraceptive devices, and progressive education are the basis for the change in sexual customs. Although it is emphasized that the modifications caused by these factors must have continuity, and that the only basis upon which this continuity can be established is knowledge of how the human mind reacts to specific conditions, these conditions somehow are omitted or taken for granted. Kardiner, like Kinsey, does not succeed in explaining why changes have occurred, but only that apparently they have occurred in combination with other changes. However, the discussion of the interrelation of these changes is stimulating.

In a discussion of Freud and Kinsey, the constitutional factors are minimized. Kinsey is well described as 'a behaviorist armed with a computing machine'. The limitations of his data, his inadequate study of female orgasm—he fails to consider the total emotional relationship, and figures are meaningless when all the niceties and complexities of personal relations are ignored—are competently discussed by Kardiner, who concludes that 'the conspicuous feature of human sexuality is that it is not governed by hormonal influence'.

Kardiner attempts a 'reappraisal' of the work of Freud, who 'well knew the influence of society on the individual but did not give it its proper weight'. In his attempt to arrive at 'more hopeful conclusions', Kardiner adds to our understanding of id derivatives and of the sociologically conditioned superego. He occasionally allows the libido theory to emerge, but his criticisms of it lead to some puzzling remarks. 'Occasionally one discovers a female who is

Phenomena. In: *The Collected Papers, Second Series.* New York: W. W. Norton & Co., Inc., 1954.

ignorant before marriage of anything pertaining to sexual activity, although this is exceedingly rare. I know of only one such case. But I have never seen anything resembling this total blackout in any males but homosexuals. Such a blackout can only be the result of early terrorization plus the shutting out of all stimuli pertaining to sex' (p. 103). The conclusions drawn from the description of Marquesan and Trobriand islanders' sexual customs are as oversimplified as those drawn by Kinsey from his statistical data. Although Freud's concept of the primal horde is inadequate to explain the totem feasts, the myth of Christ, or the concept of original sin, it is no more mystical and inadequate than the majority of the cultural relativists' myths and theories. It is stated dogmatically that guilt is always a socially conditioned emotion. Most psychoanalysts consider that such complex entities as guilt have inborn nuclei.

The discussion of masturbatory activity, the sexual drive in general, and the sociological explanation of the miscarriage of sexual functioning as the price of sexual morality is inadequate and superficial, as is also the discussion of the 'flight from masculinity', which for unwarranted assumptions, contradictions, and superficiality is quite a study. The author concludes, 'we are witnessing a periodic flight from the female into homosexuality under conditions of social stress', a 'deprivation neurosis'. Fallacies are not infrequent. For example, 'Since all homosexuality can come about only through the development route, we must conclude that the same factors responsible for the increase in schizophrenia and juvenile delinquency are also responsible for the increase in this perversion'.

A chapter, The Good Effects of Sex Morality, is the most lucid of all, although the role of the father is mentioned but not developed. The concept of penis envy reappears in a chapter, The Modern Family. The wish to be male in the feminist movement was 'a neurotic elaboration of the wish to identify with the aggressor to enjoy his power and mobility and was a product of social oppression and sexual terrorization in childhood', and today we see 'a decline in the social value of motherhood as a form of self-fulfilment'. Kardiner hints that in identifying with the male the female has missed the boat and 'allowed the family to be ravaged by the false values that pervade an industrial, assembly line, mass culture leading to a struggle for subsistence and prestige that is eroding

the cohesion of the family'. Here is Kardiner at his best. 'A minority', he concludes, 'have come to understand that mental happiness cannot be measured in such isolated terms as orgastic potency or absolute compatibility, that there can be no return to the simpler standards of yesterday and that one does not go insane from not having the perfect orgasm with each episode of intercourse or blow one's top if one suppresses a little rage'. In a too brief discussion of how sexual enlightenment has not proved a cure-all, the author just misses a reaffirmation of his faith in the unconscious and the power of the inner world of the individual. He does so again when he writes, 'The externalization of life is becoming more and more complete and the inner life emotionally impoverished, and for all its busyness quite empty'.

An awareness of the inertia of the inner world might mitigate the author's pessimism over the fluctuation of society. He deplores the comic books: 'The image of the female as an evil creature against whom the male must protect himself by murder if necessary is returning after a long absence of five centuries'; humanity is deteriorating, delinquency, schizophrenia, and homosexuality are increasing. Forgotten is the increase in our social sensitivity that has made us aware of evils once so widespread as to be ignored. Liberalism in our country has developed into an instinct; never have the humanitarian arts flourished or the Western world searched its soul as it does today.

This is a stmulating, provocative, controversial, and uneven book, factual and penetrating in spots, superficial and irrationally opinionated in others; on the whole worth reading.

WILLIAM F. MURPHY (BOSTON)

EMOTIONS AND BODILY CHANGES. Fourth edition with Supplementary Material and Additional Bibliography. By Flanders Dunbar, M.D. New York: Columbia University Press, 1954. 1192 pp.

'Psychodynamic definition of the picture of the patient as a whole remains a challenge. Hence, it seems as appropriate in 1954 as it was in 1935 to write here *Prolegomena* instead of *Finis*.' Thus concludes this fourth edition. Although he agrees with this statement as it pertains to our knowledge of health and disease, this reviewer wonders if a *Finis* is not in order for this book as it is now constituted.

By her own admission, Dr. Dunbar found the preparation of this

edition 'a more difficult task . . . because so much has happened since 1946' and because 'the perspective has changed'. The acromegalic growth of our knowledge and of the literature in this field is reflected in the size of this edition, a single chapter being expanded fifteenfold; the total number of pages is now nearly twelve hundred. Quantity is gained by the sacrifice of quality. This is not to say that the original value of this book has been lost; but it has suffered because proportionately less consideration has been given to developments since 1935. Dr. Dunbar has elected to leave essentially intact the subject matter of the first edition (which by now should be chiefly of historical interest) and merely expand the book with a review of the progress made since 1935.

The author's aim to make this book suitable for continuous reading, rather than only for reference, although creditable, is unsuccessful; indeed it is hardly possible, so rapid is the change in our concepts of health and disease. Moreover Dr. Dunbar can hardly hope to prevent the use of the book chiefly for reference for she chooses to abstract every available contribution whether or not it is in agreement with her own convictions. Her lengthy abstracts of opinions of earlier writers, opinions long since accepted, leave the impression that the author is uncertain of her own convictions. This impression is enhanced by the title of the concluding section, Predictions Have Been Substantiated, which includes twenty-five predictions in the first edition that have come true. Now, Dr. Dunbar is no Drew Pearson, nor does she need to be. Her intent is not to entertain or to be sensational; for her contribution to our knowledge of man and his reaction to stress she needs no defense or justification.

What is now needed is a new book that in a single chapter traces the historical development of psychosomatic concepts. The greater part of such a book would be devoted to current opinions, current methods, current needs, with Dr. Dunbar's opinion of their value. Most of us look to her as the leader in this subject, and we need her opinion, whether we choose to agree or disagree. In such a book, the excellent three hundred page bibliography of this edition might profitably be incorporated.

Until such time as Dr. Dunbar writes such a new book, this one will remain the standard and the outstanding reference for the analysis and synthesis of psychosomatic medicine.

ROGER C. HENDRICKS (SEATTLE)

STUTTERING. A Psychodynamic Approach To Its Understanding and Treatment. By Dominick A. Barbara, M.D. New York: The Julian Press, Inc., 1954. 304 pp.

The author attributes the development of his insight into the syndrome of stuttering to what he learned from his own analysis and from his patients, but most of all to Horney's theory of neurosis. To this last he devotes the greater part of his book, and he begins almost every chapter with a different aspect of that theory. Thus the syndrome of stuttering is but another example of the dominant theme,—an interpretation of neurotic behavior in general in accordance with Horney's psychology, which is a psychology without instinctual roots, structure, etiologic theory, or genetic development. The great tenets of this psychodynamics include living outside the self, the use of neurotic claims, self-hate and the 'tyranny of the should', alienation, magic, self-effacement, expansiveness, and resignation.

With good psychiatric instinct Dr. Barbara begins by studying the early relationship of parent and child and makes a number of observations that are fresh, interesting, and practical. There is not, however, enough emphasis on the factors that cause the disorder of speech and the structure of the character. The author suggests a 'profile' of the typical relationship between parent and stuttering child, but encounters the dilemma common to delineators of profiles: sharpness of profile is gained by one-sidedness; to be comprehensive is to blur the picture. So he chooses to be one-sided. The same thing happens in the clinical descriptions of how the stutterer feels about his speech, himself as speaker, and his audience, though as far as they go these descriptions are quite valid.

After this beginning, the vexing question of what makes a stutterer involves the author in a losing struggle. After a laudable try at a genetic approach, he proceeds to affirm that he will not try to answer the question of specificity and origin of the syndrome, and that the question need not even be asked; and he attacks those that seek to answer the question. What he actually attacks is an oversimplified and distorted version of Freud's work with hysterical patients sixty years ago. It is noteworthy that Dr. Barbara fails to say that Freud did not find that method useful for stuttering and did not recommend it, and that Freud later wrote that severe

character disorders, of which stuttering is one, require a special approach. Also omitted are the later modifications of the psychoanalytic method as described by Coriat and more recently by this reviewer. Coriat is quoted briefly, together with other authors of theories on stuttering, but without a word of comment. Of the more than forty psychoanalytic papers listed by Fenichel, not one is even mentioned.

The author's principal target is the freudian interest in infantile experiences and memories. Horney's criticisms of this are the most sober compared to some rather wild quotations from other authors. Among those quoted in opposition to freudian psychoanalysis is the late Dr. James Sonnett Greene. I knew Dr. Greene for many years as an unusually intuitive physician who utilized suggestion and transference so successfully that he was able to cause the disappearance of stuttering in many patients. He was not interested in psychodynamics as such. He left that to his staff psychiatrists, all of whom are now, as it happens, members of the American Psychoanalytic Association. With uncanny intuition he did not even wish to understand too much about his own approach lest his hand lose its cunning. It is regrettable that the author saw fit to associate Dr. Greene with his antipsychoanalytic polemics.

I. PETER GLAUBER (NEW YORK)

THE VOICE OF NEUROSIS. By Paul J. Moses, M.D. New York: Grune and Stratton, Inc., 1954. 131 pp.

Despite its compactness, this monograph presents an abundance of clinical and psychological studies of voice and speech. The author believes that the dynamics of speech are chiefly psychological. His observations relate, therefore, almost entirely to psychic phenomena including character traits, affects, and clinical syndromes. This book should have direct and absorbing interest for the psychoanalyst and psychiatrist.

'Voice' is used broadly to mean the form of speech as it sounds to the listener, rather than strictly as phonation. This term Dr. Moses believes more useful for the study of form than the more comprehensive and ambiguous term 'speech'. Most of the clinical cases described might be termed disorders of the voice, for they involve such disturbances in phonation itself as hoarseness, aphonia,

phonasthenia, and falsetto voice. The speech of a depressed patient is also included in this group, however, and this disturbance of form contains respiratory and articulatory, as well as purely laryngeal elements. Furthermore, when the author deals with certain character traits, affects, and such clinical entities as anxiety states, compulsions, conversions, and schizophrenia, he unmistakably treats of the total acoustic product, speech.

He begins with an interesting description of vocal ontogenesis. Then he lists and illustrates fifteen significant qualities of speech, which he terms dimensions. The major dimensions include respiration, range, register, resonance, and rhythm; others are melody, intensity, speed, accents, and emphasis. Other important qualities are pathos, mannerism, melism, exactness, and pauses between words. The author's illustrations of these characteristics are rich and fascinating; they include Shakespeare, Flaubert, the Chinese theater, the speech of Hitler and Roosevelt, and the pedant, the huckster, and the 'eternally young'.

Some illustrations from Dr. Moses's analysis of the speech of the obsessive-compulsive neurotic may be of interest. Such speech includes vocal mannerisms, significant pauses between sentences, orderliness, and a pedantic, precise way of speaking. There is coprolalia, and certain sounds occur that are components of words taboo for their onomatopoeic significance. Embolophrasias—insertions of sound to fill up pauses between articulate speech—also occur. 'Resentment may hiss in the *S* or spit in the hard attack of *F* and *P*.' Giggling, which more properly belongs in the hysterical category, is described as 'a letting flow—with a high watery pitch—a preadolescent female addiction, and when observed in men, a symptom of femininity'.

The author makes use of some analytic concepts, among them the libido theory, and quotes from Abraham and Fenichel. But it is not clear to what extent he accepts psychoanalysis as basic science or as useful therapy in the problems to which he devotes this book. He is probably overimpressed, for example, by the lack of agreement among psychiatrists about what he calls the deep theoretical jungle that is neurosis; sometimes he seems unaware of the larger areas of clarity and agreement. Nevertheless, though he chooses one criterion of neurosis—being, or not being, in control—he makes it comprehensive enough to include the concept of homeostasis,

and in general writes understandingly and intelligently about the effects of neurosis on the voice. This reviewer, however, regards the author's advice to the laryngologist to act as psychotherapist in the functional disorders of the voice as entirely impractical, despite Dr. Moses's requirement that 'he must acquire the knowledge that will enable him to do this in a professional manner and not as a dilettante'.

The method of analysis of the voice advocated by the author consists of concentration of attention upon the form, and not at all upon the content of the speech. Later an attempt is made to emphasize those elements that appear to have a 'significant correlation with other important functions of the body and mind of the neurotic'. The therapist also explores the causes of variations in the speech, and finally tries to 'integrate these parts into meaningful patterns'. Dr. Moses contrasts his own method with certain psychological methods of analysis of speech and calls his own the objective method. From his critique of these psychological methods one may wonder how he regards, and how well he understands, the related methods of psychoanalysis. Except for the author's endorsement of psychotherapy by the laryngologist, his understanding of neurosis seems, despite its inadequacies, far greater than that of many other medical specialists.

Of what use is a book such as this to the psychoanalyst? Many of the ideas in it seem as familiar to the reviewer as they will undoubtedly seem to other readers. But their clear and explicit expression in this book makes them clearer and more useful to us. Others of the author's correlations between voice and mental states are penetrating, yet rather diffuse, and these might well serve as starting points for further analytic investigations, similar to those of Bunker and Brody which appeared in This QUARTERLY.

How shall we evaluate the importance of form, or posturology to use the term of Felix Deutsch, in relation to voice and speech? There can be no doubt that the content of speech is and must always remain the mainstay of communication. Hence the form of speech can serve only an adjunctive function. However, since speech and voice are indispensable instruments of communication in psychotherapy, even the adjunctive elements can assume considerable importance. For speech is often used to conceal meaning altogether, or to convey mixed and false meanings. Occasionally

there is a paucity of speech or of contents and then the form takes on greater importance. Finally, there are the none too rare disturbances of the voice and speech itself, for the adequate treatment of which psychoanalysis, as basic science or as therapy, is absolutely necessary. Here a familiarity with the forms of speech is equally indispensable.

I. PETER GLAUBER (NEW YORK)

HANDBOOK OF SOCIAL PSYCHOLOGY. Edited by Gardner Lindzey. Cambridge, Massachusetts: Addison-Wesley Publishing Co., Inc., 1954. Two volumes, 1226 pp.

These two volumes cover the field of social psychology and constitute a veritable encyclopedia. The first volume is devoted to Theory and Method and the second to Special Fields and Applications. It is in effect a source book, more advanced than the ordinary textbook. It constitutes the most authoritative reference book that we possess and covers the rapid expansion of social studies during the last two decades.

In an introductory chapter of uncommon interest Allport sketches the historical background of modern social psychology. Although this science seems to have been born full grown like Minerva, its ancestry, Allport shows, is an ancient one. Its roots lie in the international soil of the whole Western tradition 'and its present flowering is recognized to be characteristically an American phenomenon'. One might add that so much is this so that no other country but this could have produced a book of this magnitude and competence.

The topics treated range from an account of contemporary systematic positions, including Field Theory and Psychoanalytic Theory, to different research methods, down to such practical applications as a study of the psychology of voting. Of more specific interest to the psychoanalyst is a chapter by Flugel, Humor and Laughter, which apart from its intrinsic excellence contains a first-class bibliography of particular usefulness.

It is difficult to believe that this handbook will be superseded for many years to come.

WILLIAM N. EVANS (NEW YORK)

THE MENTAL HOSPITAL. By Alfred H. Stanton, M.D. and Morris S. Schwartz, Ph.D. New York: Basic Books, Inc., 1954. 492 pp.

The subtitle of this volume, A Study of Institutional Participation in Psychiatric Illness and Treatment, well indicates its scope. For six years or more Dr. Stanton, a psychoanalytically trained psychiatrist, and Dr. Schwartz, a sociologist, have been collaborating in studies of the interaction of the patient and his institutional environment, and they now present a book which is in many ways a pioneer. Aided by a grant from the National Institute of Mental Health, they have studied intensively the activities of the patients on a ward for fifteen disturbed women in a small private mental hospital. The fact that the hospital employs a staff of one hundred sixty-five (one hundred sixteen of them professional) to care for sixty patients suggests certain economic and other restrictions on the selection of patients; nevertheless some general principles emerge which may be applicable to large institutions such as state hospitals.

The authors' emphasis is on the social environment in a mental hospital. 'It forms', they say, 'the context of which the patient's illness is a part and is also an area of direct access to the psychiatric administrator'. The entire volume is indeed a study of the clinical administrative management of the patient's living 'during the other twenty-three hours', and throughout the book the importance of what goes on among the patients and between the patients and the medical and nursing personnel is emphasized as an important part of the evolution of the patient's disorder. 'The form or configuration of experience is partly determined by *many* others present, who are themselves arranged according to a pattern of organization, a pattern which is the institution.'

The sections of the book are: Analysis of the Problem; Formal Organization of the Hospital; Ward Organization; Institutional Integration; and Informalities (The Special Case, Hidden Staff Disagreement, Incontinence, Morale and Its Breakdown). There are also eight appendices which deal with special studies and other sources.

The authors conclude that 'a mental hospital is a social system and that the meaning of any action taken within it can be known only if the context is known; . . . many assumptions that had previously been taken for granted, such as the assumption that the mental hospital should take the general hospital as a model, are

gratuitous and may be damaging'.

Here is a book everyone concerned with work in mental hospitals should read carefully. It represents a new approach to the problems of mental hospitals and points the way to increasing the possibilities of the mental hospital as a therapeutic influence.

WINFRED OVERHOLSER (WASHINGTON)

THE EMOTIONAL PROBLEMS OF CHILDREN. A Guide for Parents. By Harry Joseph, M.D. and Gordon Zern. New York: Crown Publishers, Inc., 1954. 310 pp.

As the title implies, this volume is intended as a thorough, practical guide to help avoid maladjustments, to handle problems when they occur, and to direct the parent, teacher, or counselor to the balanced adjustment and development of the normal child. A vast number of subjects is discussed, but the manner in which the book is planned makes it of necessity repetitious. The first section covers the life of the child from the first year to adolescence; the second, toilet training, masturbation, discipline, and entertainment; the third section is a thumb-nail outline of psychoanalytic psychology of children; the fourth considers such topics as a good school, toys, books, music, and camping. The appendix includes a comprehensive list of movies made for the purpose of parent education and an extensive bibliography. When one realizes that this ambitious program is contained in three hundred and ten pages, one can readily understand that the majority of topics are treated superficially. To do justice to the scope of the subject it would be necessary to compile an encyclopedia. In fact, this book does not compare favorably with the recently published Encyclopedia of Child Care and Guidance.[1]

In the reviewer's opinion, the manner of discussion of the emotional problems of children is not well-considered. The case material in some instances will shock parents, while the use of psychoanalytic terminology, even though explained, is apt to be more confusing than helpful. Terms such as œdipal conflict, superego, and latency period are defined, but their interrelationship is not made clear. In omitting the dynamics, a real understanding of children's conflicts is precluded. A further grave error occurs in

[1] Edited by Sidonie Gruenberg. New York: Doubleday & Co., Inc., 1954.

giving parents the impression that by consciously controlling expression of their feelings they have actually changed their previously wrong attitude so that it will no longer affect the child. The authors ignore the existence of the unconscious. For example: 'A parent should never project his own feelings and emotions about elimination to the child. The parent must not do this. It is as simple as that' (p. 121).

It would seem that the authors themselves do not understand the dynamics of personality. They appear to have only a book knowledge of psychoanalysis. As a result their guide is entirely too complex and confusing for parents, and for counselors and social workers it is too superficial.

MARJORIE R. LEONARD (BEVERLY HILLS)

SYMBOLIC WOUNDS. Puberty Rites and the Envious Male. By Bruno Bettelheim. Glencoe, Illinois: The Free Press, 1954. 286 pp.

As Director of the Orthogenic School at the University of Chicago, Dr. Bettelheim had occasion to observe the behavior of two girls and two boys, all of whom he would classify as schizoid, perhaps schizophrenic. One of these boys had strong feminine identification, the other felt persecuted by women and once, while running away from an angry girl, cut himself badly by putting his arm through a window pane. One of the girls suggested that the boys cut themselves once every month. These clinical observations led the author to a re-examination of the psychoanalytic theory of initiation rites, in particular the rite of circumcision. Considering the behavior of the four schizoid adolescents, Dr. Bettelheim asked himself whether the well-known initiation rituals, especially circumcision and subincision, are actually imposed on the younger generation by the elders, as described in numerous reports, or whether the envy of the opposite sex prompts the adolescents to demand such a surgical rite of transition. The author's major theme is the unconscious meaning of initiation: Are these rituals part of the fertility rites? Are they promoting or symbolizing the socially prescribed sexual role? Or do they attempt to assert that men also can bear children?

It is not easy to venture into an unknown territory. 'I am a stranger in anthropology', Dr. Bettelheim asserts (p. 263). Every

informed reader will admire the wide range of learning which the author employed to reinterpret Freud's famous theory. Anthropological descriptions of initiation ceremonies are so numerous that it does not seem difficult to find documentation for one or the other point of view. Yet there are obvious lacunae in Bettelheim's information. It is true that even psychoanalytically trained anthropologists find it difficult to agree with the theory of the primal horde. As the author points out, 'No theory of memory traces or of historic castration seems necessary to explain castration anxiety. I suggest that their use is the result of a projection of relatively recent events into the distant past' (p. 51). Strangely enough, this is what Róheim said repeatedly and rather specifically (first in The Riddle of the Sphinx, 1934), but Róheim's writings and extensive field reports are almost disregarded by Bettelheim.

What, after all, is the general picture? Boys after reaching puberty are secluded from the life of the village. For example on the island of Malekula in Oceania, on the day before the novices go into seclusion they are lined up in front of the village clubhouse and given stern injunctions not to turn around. Then the older men come from behind carrying sticks and bunches from the nettle-tree, and each of them belabors all the boys with his stick and rubs the leaves up and down the back of each. The pain the young fellows have to bear is intense, and frequently a man will have scars on his back resulting from this ceremony. The following day the boys are circumcised, a piece of wood being inserted under the foreskin. After this operation the initiates are taken away and secluded for the following month. As the anthropologist Speiser, who is quoted by Bettelheim, recognized, one of the most striking accompanying rituals is the seclusion with strict taboos concerning food. Sometimes the ceremonies include a symbolic rebirth.

As psychoanalysts, Dr. Bettelheim suggests, 'we have been far too engrossed with what seems to be destruction (damage to the genitals) and have overlooked the more hidden fascination with pregnancy and birth' (p. 25). Rebirth, to be sure, is one of the scenes often included in the initiation cult, but it would be a grave mistake to understand it as an isolated phenomenon instead of the end of a phase which is signified by obvious oral features. The boys are separated from their mothers in order to return as fully accepted men to their female partners. In other words, the initia-

tion rite dramatizes the transition from oral dependence to genital independence. Castration threat (separation) and rebirth (attempt at restitution) go hand in hand and are to this reviewer the core of the various features of puberty rituals. Even though psychoanalysts are fully aware of the wish for reproductive capacity in men, I am not convinced of a causal relationship to circumcision and castration threat. It seems rather questionable that Bettelheim's clinical experience with severely disturbed schizophrenic preadolescents furnishes enough reason to interpret the initiation ceremonies as evidence of the men's desire to participate in the women's function.

There are some contradictions in this book, perhaps because its organization is so complicated. To give one example: did circumcision lead to castration anxiety (p. 131) or did the efforts at acquiring the functions of the other sex gain their impetus from the wish to conquer castration anxiety (p. 262)? Nevertheless, the book has merit because it is a stimulating and a promising contribution to our better understanding of man, primitive and civilized.

WARNER MUENSTERBERGER (NEW YORK)

DEVELOPMENTS IN THE RORSCHACH TECHNIQUE. Vol. I: Technique and Theory. By Bruno Klopfer, Mary D. Ainsworth, Walter G. Klopfer, and Robert R. Holt. Yonkers, New York: World Book Co., 1954. 726 pp.

Psychiatrists and psychoanalysts are often sceptical of the Rorschach test because they suppose that objectively verifiable criteria are lacking for its interpretation. They assume that the content of the responses to the test constitutes the psychologist's basic material, and that interpretation of the subject's responses may be contaminated by the interpreter's free associations. Unfortunately some psychologists do draw their conclusions mainly from content and its sequence and attempt to justify this procedure by designating it a 'standardized, or controlled, interview situation'.

It is clear that many kinds of stimulus, including a skilful psychiatric interview, could serve the same purpose. To extract from the responses to the ten inkblots no more than the content of the responses means to forego the very essence of Rorschach's stroke of genius; namely, systematization of the manner in which subjects

deal with the formal aspects of the unstructured stimulus. These formal aspects are of two sorts: 1, the choice of location—integration of the blot as a whole or selection of details of various kinds—indicates the type of intellectual functioning and also potential intellectual endowment, a unique feature of the test; 2, the determinants—those factors that determine a subject's perception. The determinants are also of two kinds: the subject may project his inner perceptions and invest the static, two-dimensional blots with movement and perspective, or he may be primarily affected by, and respond 'affectively' to, outer reality by basing his percepts on the qualities of the inkblot, such as shading or color. The use of mere form or outline for the formation of percepts is a third and the most impersonal, detached approach. No interpretation can be valid or complete without analysis of content, but the quantitative relationships and sequence of location and determinants constitute the 'standardized sample' of behavior and attitudes from which the interpreting psychologist draws generalizing conclusions.

The outstanding merit of the present volume is its exposition of these formal aspects of Rorschach technique in theory and practice. It is well-organized and objective. It is a manual for practice and teaching and a dependable reference work. Parts I, II, and IV describe administration, interpretation, and reporting of the test, the last illustrated by a well-chosen case. In the section on administration, the juxtaposition of response samples with their scoring rationale is an excellent teaching device. Another improvement is rigorous separation of the discussion of administration of the test from that of interpretation. In the section on interpretation, the exposition of quantitative analysis is particularly useful because the hypotheses underlying determinants and their quantitative relationships are so clearly discussed. Clinical psychologists should also find the new form level rating most helpful in refining evaluation of disturbances in intellectual functioning by comparison with structured intelligence scales. Finally, the prognostic rating scale, offered here as an instrument for research, seems to promise better evaluation of prognosis for therapy. The discussion of hypotheses underlying determinants and their relationships should be of great interest to analysts for two reasons: it shows the hypothetical nature of many propositions of the Rorschach and the limitations of the test. Above all, many of these hypotheses are

derived from the same sources as psychoanalysis. Projective psychology here offers a quantifiable method of studying the origin and development of specific affects and of the defenses against them, a subject that might be fruitfully investigated by psychoanalysis and psychology in coöperation.

Part III, on theory, considers problems of validation. Researchers continually prove the Rorschach 'invalid' but clinicians continue to use and depend on it. The problem is that quantitative and qualitative aspects of responses cannot be treated separately; hence it is virtually impossible to isolate variables and still retain a meaningful design. Research that attempts this isolation, known as the 'sign' method, must remain inconclusive. Neither an individual category nor an individual response is interpretable; research should therefore be directed to the underlying hypotheses of the test. It has been found, for instance, that perception and verbalization may be influenced by extraneous factors but the essential functions tapped by the Rorschach are fairly stable.

Psychoanalysis has been the richest source of hypotheses about the Rorschach. Rapaport's psychoanalytic theory of thinking, which synthesizes associative with perceptive processes, has greatly furthered theoretical integration. The concept of projection and the interpretation of content are rooted in psychoanalysis. A chapter on hypotheses of the Rorschach and ego psychology, although not entirely clear, throws light on the subject's use of, and reaction to, specific determinants in their relation to specific ego functions.

This reviewer's only serious complaint is that the book is too big and heavy. But Klopfer and his co-workers have accomplished a gigantic task from which generations of psychologists will benefit greatly. We look forward impatiently to the second volume, which promises to be as indispensable as the first.

GERTRUD M. KURTH (NEW YORK)

THE HUMAN ANIMAL. By Weston La Barre. Chicago: The University of Chicago Press, 1954. 372 pp.

Western culture is a strange paradox. In spite of its pledged allegiance to the spiritual world, it has created the most remarkable material culture history has ever seen. Man lives less confused about

the nature of the physical world than about his own nature. As facts about man have been steadily accumulating, we might form opinions about our basic nature and our place in the larger natural order if we did not prefer to remain ignorant. In theory and practice all social sciences are moving toward coöperation and integration. Man's significantly human traits are possessed indifferently by all races. Man can no longer be considered a reprobate ape or an apprentice angel.

Weston La Barre advocates a consistently naturalistic view of man. He skilfully correlates physical with cultural anthropology by use of analytic psychology. In a rapid survey of evolution he points out that man's fateful two-footedness and his possession of hands make his unique. The peculiar nature of human motherhood and the prolonged biological immaturity of human infants bring about the stability of fatherhood in man. An investigation of speech as the fundamental symbolic system of culture leads to a description of psychosexuality. The chapter on man's earliest beliefs shows how and why and to what an extravagant degree the 'symbol-using animal' can make disastrously wrong analyses of reality and of himself. The original taboo on which all known cultures is based is symbolically illustrated by a rewording of the riddle of the Sphinx, which should have asked: 'Who may love, but not love the one whom he loves most?' (namely, his mother). Humanity depends on an exaggeration of mammalian traits: the female roles of protective mother and of breeding mate are separated in man. When the next breeding season comes around among animals, the young ones have departed, and if later the adult son mates with his animal mother he may do so on the same competitive basis as any other male.

The book consistently advocates an extraordinary approach and makes fascinating reading. It is well written and contains a wealth of original views and formulations. It has perhaps only one drawback, which may be due not to the fault of the author but to the limitations of the average reader. When La Barre compares the sciences that culminate in cultural anthropology to a kind of centerpiece of a pie, he may forget that perhaps the pie is really too enormous to be eaten by the reader in any but tiny pieces; the centerpiece is likely to be left largely untouched.

MARTIN GROTJAHN (BEVERLY HILLS)

WERTHER, MISCHKIN, Y JOAQUIN MONEGRO: TRILOGIA PATOGRAFICA HECHA POR UN PSIQUIATRA (Werther, Mischkin, and Joaquin Monegro: Three Studies of Psychopathology). By M. Cabaleiro Goas, M.D. Barcelona, Spain: Ed. Apolo, 1951. 310 pp.

Three characters in literature and their authors are analyzed together: Werther and Goethe, Prince Mischkin, 'The Idiot', and Dostoevski, and Joaquin Monegro, 'Abel Sanchez', and Unamuno. Dr. Goas attempts to examine psychiatrically the three characters 'as if they were disturbed patients'. The book is clear and exhaustive, especially the section on Werther and Goethe. The author at times offers profound dynamic understanding. The principal drawback is perhaps his insistence on classifying the characters in a nosological way. Werther's suicide occurs because a psychotic unable to face reality reaches the breaking point; Mischkin is essentially an epileptic who tries to 'laugh it off' by a kind of make-believe acting out; Monegro is a deeply narcissistic and complex person who suffered from feelings of inferiority. The intricate mechanisms of these characters and their authors are not explored as fully as they might have been but the book is nevertheless erudite and pleasantly written, and makes one think. It is at times challenging, at others inventive, but always it is stimulating and refreshing.

GABRIEL DE LA VEGA (NEW YORK)

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ABSTRACTS

International Journal of Psychoanalysis. XXXV, 1954.

Freud's Early Travels. Ernest Jones. Pp. 81-84.

Freud's keen and sensitive enjoyment of Italy's classical remains had for him a deep personal significance. The north of Europe seemed to correspond with the reality principle, the south with the pleasure principle. Italy's softness and beauty and especially the visible evidences of man's early stages of development had an irresistible appeal for him. In spite of his 'traveling phobia' he traveled extensively, and enjoyed his journeys with an almost boyish gusto. His use of the word 'phobia' was clearly different from the later meaning: such anxiety as he had at the beginning of the trips never inhibited him from going. His anxieties and depressions, described in the Fliess letters, vanished on these journeys. His hatred of Vienna was one element in this sense of release.

A Re-Evaluation of Freud's Book 'On Aphasia'. Its Significance for Psychoanalysis. E. Stengel. Pp. 85-89.

Freud's book On Aphasia holds a special place in his contributions to neurology. It was his first writing on mental activity, emphasizing the functional aspects and paving the way for Goldstein's most fruitful concept of the problem. The concept of the 'speech apparatus' was one of a series of formulations lying on the borderline between the organic and the psychic, therefore of special importance at that time. Various terms in the book later became useful in analytic terminology, and the ideas of overdetermination and regression were here defined for the first time. He expressed a deep debt to Hughlings Jackson, who had written brilliantly on the inferences one might draw from the errors and stereotyped phrases of aphasics, and on other aspects of the problem. There is ample evidence that some of Jackson's concepts contributed to the basic theory of psychoanalysis.

Freud's Fundamental Psychiatric Orientation. Gregory Zilboorg. Pp. 90-94.

Freud seems to have been at times lax in his nosology and confused in his use of terms and concepts, accepting the labels and loose thinking of his teachers and contemporaries. Such confusion and carelessness were however more apparent than real. His concern was not with the names of processes nor with their alleged 'seat' in the brain. It was rather with what was going on in the individual and how it was going on. Psychopathology must have appeared to him an endless series of degrees of integration of personality. He believed firmly that transmutation occurs in clinical syndromes.

Therapeutic Criteria of Psychoanalysis. Edward Glover. Pp. 95-101.

In a questionnaire circulated among English analysts about twenty years ago, Glover found agreement on only six of sixty-three questions concerning technical practices and working standards, and 'only one of these six points could be regarded as fundamental, viz., the necessity of analyzing the transference'. Since then there has been little real movement toward agreement on therapeutic criteria. The 'fission movement' in analytic groups everywhere has in fact aggravated the problem. The fissions are due to two main factors: increased demand for treatment with consequent search for shorter analyses, and the development of fundamental differences concerning theory and etiology. It is fallacious to assume that those holding different points of view in these respects speak the same technical language, follow the same systems of diagnosis, prognosis, and selection of cases, practice in similar technical fashion, and obtain approximately the same results. Glover deplores the lack of verifiable information on therapeutic results, and raises questions concerning the cause of satisfactory results: suggestion and environmental factors seem to play an important role. He emphasizes the necessity of establishing fixed methodological standards: '. . . if to the welter of clinical variables we add a number of methodological variables we cannot attach *any* scientific significance to general impressions or assumptions regarding *any* form of psychotherapy'. He suggests that we attempt to define or standardize analytic treatment by studying metapsychological, clinical, and methodological data.

On Psychotic Identifications. Edith Jacobson. Pp. 102-108.

In psychotic regressive processes early preœdipal identifications are revived. These are quite different from normal ego identifications. In psychosis realistic representations of the object world and of the self break down, being replaced by distorted, unrealistic, and delusional concepts, a state resembling infancy, when the child is flooded by 'magic images'. In normal development, merging of the self-image with the love-object image paves the way for ego and superego identifications with the goal of becoming like the love object in the future. Disintegration of this process in the manic depressive leads to his treating himself as though he were the bad (delusions of worthlessness) or the good (delusions of grandeur) love object. In the schizophrenic, there may be the conscious belief that he has become another object. The schizophrenic shows enormous cathectic fluidity and intolerance of ambivalence. Objects are totally decathected and as quickly recathected. The manic depressive, on the other hand, maintains dependence on the powerful love object by means of introjection. The melancholic gains self-control through guilty fears and submission to a destructive superego. The schizophrenic suffers fears of persecution or of being killed by murderous parental figures. In the manic depressive, regression is more limited, does not lead to total identifications, and produces severe conflict between the ego and the superego. In the schizophrenic ego and superego deterioration is much greater; the struggle between the ego and superego is represented by conflicts between the magical self and object images within the deteriorated ego.

The Fault of Orpheus in Reverse. Marie Bonaparte. Pp. 109-112.

In many myths and rituals, looking is tabooed, either as a protection against the aggression of the weaker one or as a prohibition of incest. These themes occur in the stories of Orpheus and Eurydice, the Gorgon's head, Ham cursed for looking at Noah's nakedness, Lot's wife, Peeping Tom, the Elevation of the Host, the blessing of the faithful by the rabbi, and others. A woman whose mother had died shortly after her birth dreamed of descending the steps leading to her father's stables, followed by a white mare which disappeared because the dreamer failed to watch it; the mare then ascended to the living quarters above. Analysis of the dream revealed the identification of the mare with the mother: 'I lost her for not loving her enough'. In descending to a symbolic Hades, the patient permitted the mother to return to life; this is punishment for the œdipally desired death. The patient restored mother to father, in further expiation of that aggression and of the sin of incest.

Notes on the Theory of Schizophrenia. W. R. Bion. Pp. 113-118.

The schizophrenic's use of language has a bearing on the theory and practice of his analysis. Employing 'conventional' analytic procedures in the analysis of three schizophrenics, Bion concluded that they used language in three ways: as a mode of action, as a method of communication, and as a mode of thought. Words are used as things or split off parts of the self which the patient pushes forcibly into the analyst, and as a way of splitting the object (analyst). Bion illustrates the way in which such patients employ language (or avoid it) to communicate ideation of the primary process. Verbal thought can come to be viewed as dangerous; therefore such patients 'push it into their analyst'. Because verbal thought can increase the pains of psychic reality, these patients turn destructively against verbal thought.

The Importance of the Nonpsychotic Part of the Personality in Schizophrenia. M. Katan. Pp. 119-128.

Psychotic systems are end-products whose structure can be understood only by examining their origins in the prepsychotic phase and nonpsychotic layer. The psychotic part of the personality has lost contact with reality, but the therapist can secure 'a foothold on nonpsychotic territory' and thereby increase ego strength. The ego is thus enabled to surmount previously powerful dangers, and released energies can now remain at the disposal of the healthy part of the personality. The relationships and differences between psychotic and nonpsychotic defenses are discussed. As to the causes of schizophrenia, Katan suggests that not only constitutional and psychogenic but also endocrine factors must be considered.

The Schizophrenic Defense Against Aggression. Robert C. Bak. Pp. 129-134.

It is suggested that the core of the schizophrenic ego disturbance is the inability of the ego to neutralize the aggressive desires. This failure leads to

experiences resulting in the fear of interchange, loss of control, and ultimately loss of personality. Liberation of aggression exposes the objects to destruction. The defense against the aggression may be withdrawal, projection, and varying degrees of ego regression to the point of its undifferentiated phase. It is also suggested that neurosis is an unsuccessful defense against libido, psychosis an unsuccessful defense against aggression.

Considerations Regarding the Psychoanalytic Approach to Acute and Chronic Schizophrenia. Herbert Rosenfeld. Pp. 135-140.

Basing his methods on the work of Melanie Klein, the author has treated schizophrenics by interpretation of positive and negative transference and of unconscious thoughts and by directing interpretations especially to the manifest and latent anxieties. Analytic procedures are followed faithfully though flexibly, because of the special characteristics of the relationship stemming from the nature of the pathology. The patient's behavior, gestures, and actions are analyzed more than in the analysis of neurotics. Even acutely confused schizophrenics can utilize constructively interpretations of transference. Typical of the transference are the patient's impulse to intrude into the analyst with positive and negative feelings and his defenses against this object relationship.

Notes Upon Defects of Ego Structure in Schizophrenia. K. R. Eissler. Pp. 141-146.

Three assertions about emotions are assumed to be valid: that they exist only in the ego, that they can affect behavior without reaching consciousness, and that many if not all can be reduced to signals. In the patient on whom the author reports, activated emotions reached maximum intensity: anxiety always became terror, aversion became hatred. Any unpleasant feelings submerged the whole ego, producing a feeling of nonexistence. An adequate perceptive system (a most important achievement in ego development) has two important results: the correct depiction of reality without interference by id drives and, conversely, a relative freedom of the psychic apparatus from external excitation. The schizophrenic fails in both respects; he suffers from 'colliding energies'. He deals with emotions as if they were instinctual drives. For the neurotic, instinctual drives are the main enemy of the ego. For the schizophrenic, the emotions are the primary enemy. The schizophrenic ego faces the grave task of acquiring and retaining a sense of its own identity.

On the Handling of Some Schizophrenic Defense Mechanisms and Reaction Patterns. Gustav Bychowski. Pp. 147-153.

The schizophrenic's primitive form of ego organization necessitates a minute working through of his archaic patterns. His thinking is concrete and literal, instead of abstract. Slow systematic correction can modify his formal peculiarities of thought. He must be enabled to relive his early reactions and experiences through repeated combined illumination of acute transference reactions and

infantile experiences. Overindulgence of aggressive outbursts demoralizes his ego and superego.

Therapy of Schizophrenia. H. G. Van Der Waals. Pp. 154-156.

The schizophrenic is capable of forming a transference relationship but it is of a 'mysterious nature', perhaps resembling that described by Melanie Klein in the newborn. When the schizophrenic approaches any object in love or hate he becomes confused with that object. Rosenfeld bases his technique on classical interpretation of transference phenomena. Others also employ this but utilize, in addition, reassurance and educative measures.

Analytic Training and Training Analysis. Michael Balint. Pp. 157-162.

The first 'training analysis' consisted largely of reading Freud's books. Later this was supplemented by 'demonstration': analysis for a few weeks or months, coupled with discussion. The third period, that of analysis proper, was established after much resistance in professional circles. The fourth phase is described as that of the 'fully completed analysis', more than is usually needed for therapeutic purposes. Balint considers that the fifth phase, research, reached in the last few years, has been the consequence of some undesirable developments. A covert collusion appeared between analysts and their candidates whereby the idealized analyst was introjected. There resulted a series of 'schools of analysis', with confusion of tongues and 'power politics'. Analysts had failed to deal adequately with the primitive aggressions of their candidates: too early and too consistent interpretations led to dilution of feeling on both sides. It is not merely the candidate's transference but also the analyst's technique that is of decisive importance.

Problems of the Training Analysis. Paula Heimann. Pp. 163-168.

The training analyst is not an anonymous voice in the relationship with his candidate, who comes to know a good deal about the analyst. This and other facts sometimes tempt the analyst to modify his technical procedure,—a most hazardous situation. No obstacle should deflect us from studying the unconscious reactions to analysis, and the unconscious fantasies underlying the candidate's response to external factors in his special relationship with his therapist, who may also be his teacher or a judge as to the candidate's ultimate suitability to practice. The analyst who identifies himself with his patient will treat him as an ambivalently loved object, with consequent disturbance in the countertransference. He must also be on guard to distinguish between true acceptance of interpretation and acceptance of the analyst's words as a sign of love. One must consistently analyze, in purely analytic fashion, the external interferences from the training course.

The Training Analysis and Its Place in Psychoanalytic Training. Grete L. Bibring. Pp. 169-173.

By virtue of his position the training analyst loses the role of neutral and understanding parent and turns into the dreaded judge. For this reason a second analysis, after graduation and membership have been attained, is often easier and more fruitful. There are other complications. Motivation, for example, is first to become an analyst, and only secondarily to change or be cured. Transference is split between the training analyst and other instructors. The analyst's anonymity is lost because of professional contacts and observations at meetings as well as socially. The training analyst may be tempted to shunt onto control analysts or institute committees the real problems of criticism and other frustrations. The analysand often shows few symptoms but a well-adjusted system of defenses. The first control cases can create a special transference-countertransference configuration: the change from 'analysand-child' to 'analyst-parent' role may express itself in various ways, especially in doing to the control patient what the candidate did not want to have done to himself by his training analyst. Ability and readiness for continuing self-analysis is a vital element in maintaining one's health in the face of continuous contact with ill-health.

Therapeutic Problems in the Analysis of the 'Normal' Candidate. Maxwell Gitelson. Pp. 174-183.

The 'normal' candidate suffers a disturbance in his 'feeling relationship', living behind an environmentally patterned façade. This façade, culturally determined, is itself a resistance, preventing the individual from achieving that true freedom essential for the practice of analysis. Such 'normals' are adapted to a particular culture, and this normality does not ensure freedom from grave degrees of anxiety, conflict, and tension states. With such candidates it is necessary to mobilize conflict made latent by the culture. Only thus can one analyze the vicissitudes of the libido itself.

Problems of Psychoanalytic Training. Jeanne Lampl-De Groot. Pp. 184-187.

This paper stresses the overwhelming importance of the personal analysis in the training. The author agrees it must go farther and deeper than a therapeutic analysis; it is not enough to deal with the neurosis. The greatest care must be given to analysis of the analysand's ego in order to give him the most thorough understanding of all ego attitudes and peculiarities. Difficulty arises because of the absence of suffering in these analysands. The author recommends more rather than less frequent sessions. 'Pure instruction' would be easier, but less effective in eliminating the personal blind spots. She cautions especially against the hazard of the analyst's overevaluation of the self, which can be prevented only by the most thorough training analysis.

Some Remarks on Defenses, Autonomous Ego and Psychoanalytic Technique. Rudolph M. Loewenstein. Pp. 188-193.

Hartmann's concept of the 'autonomous ego functions' helps clarify some technical problems in analysis. The phrase refers to that part of the ego not involved in defensive processes. This 'conflictless sphere of the ego' deals with perceptions, memory, thinking, and reality testing—all those functions that ally themselves with the analyst to overcome resistances against treatment. From the point of view of this part of the ego, the analyst is an additional autonomous ego, more effective than the patient's own ego. This and other aspects of ego psychology have shifted the emphasis in technique, and provide a rationale that guides interpretation. Loewenstein suggests the phrase 'reconstruction upwards' to designate those interpretations in which the past is employed to understand recent events. Defense mechanisms operate against superego demands as well as id impulses.

Defensive Process and Defensive Organization: Their Place in Psychoanalytic Technique. W. Hoffer. Pp. 194-198.

The theory of defense is analogous to a geology of the mind, linking and clarifying the several layers. Defensive mechanisms have a prescribed, automatic, and compulsive character with a definite direction (toward the interior) and a circumscribed aim (prevention of pain). The ego is to be conceived of as being able to react not merely with one defensive process, but rather with a chain of defensive mechanisms to danger and to anxiety. The chronological genesis of the defenses is still obscure. The totality of the ego organization is not to be confused with the defensive aspects of the ego; these two are not synonymous. There is the hazard of viewing defensive mechanisms as pathologic constructions needing to be destroyed. Very often, on the contrary, the defensive mechanism is an indispensable component of mental functioning.

A Psychoanalytic Study of Pregnancy in an 'As-If' Personality. Leo H. Bartemeier. Pp. 214-218.

The 'as-if' patients described by Helene Deutsch function on the basis of imitativeness rather than of true object cathexis. They mimic, rather than identify with, their objects. Conflict with the superego is absent because there has been no introjection of external authority; 'conflict' therefore is with an external rather than an internal force. During her pregnancies the patient studied herein established a transitory masculine identification with her father (the fœtus and enlarged breasts symbolizing penis) with consequent gratification and sense of satisfaction with herself; but with the delivery she again felt castrated.

Headache and Primal Scene. Danilo Perestrello. Pp. 219-223.

Analysis of a group of patients with headaches leads the author to conclude that there is an invariable connection between headache and primal scene.

He believes there is no important difference between migraine and other types of headache. In every analytic session to which a patient came with a headache, the primal scene was referred to in dreams or associations. Conversely, such material was 'virtually limited' to days of headache. Analogies are pointed up between the concomitants of headache and the behavior or experiences of a child observing parental coitus. The headache thus is a repetition of the trauma of the primal scene.

A Revision of the Classification of Instincts or Drives. David Brunswick. Pp. 224-228.

The author considers it a mistake to look on defense and anxiety as functions exclusively of the ego, thereby denying their instinctual quality. He proposes a revision of instincts into two groups: the erotic or vital-libidinal instincts such as feeding and digestion and the several components of the sexual instincts, and the defensive and aggressive instincts. A physiological concept of primary and secondary instinctual sources of stimulation for both sets of instincts is outlined and illustrated. It is suggested that this physiological substratum of instinctual drives, whether these be feeding or respiration or defensive-aggressive drives, is of great importance for analytic theory.

A Typical Dream Sensation and Its Meaning. Alfred Winterstein. Pp. 229-233.

Freud commented several times that there are many dreams in which judgments are passed, criticisms made, or astonishment appears. Such expressions of a critical faculty are not the result of the intellectual task of the dream work, but rather belong to the material of the dream thoughts. Winterstein has found with great regularity that the feeling of astonishment is connected with thoughts about sexual differences, ideas about castration, and the like. It is analogous to what happens when there is actual discovery of differences in sexual organs or size of penis. 'The primary astonishment at the form of the genitals of the other sex may thus find its lifelong continuation in the philosophical astonishment at everything, of which Aristotle speaks.'

A New Hypothesis Concerning the Relationship of Libidinal and Aggressive Instincts. W. Clifford M. Scott. Pp. 234-237.

Instead of the emergence of love and hate in quick succession, oscillation of the two may be the important concept. In the absence of satisfaction, the instinctual energy of love leads to a sequence: desire, tension, pain, disorganization. 'This disorganization is reorganizable but only with the energy unchanged. Consequently when during psychoanalysis hate is reorganized into love, the energy of the hate will be manifest in the energy of the love and the anxiety of the hate will be found equally in the anxiety of the love until during further analysis progress occurs. Similarly, with the disorganization of love equivalent energy will appear in hate.'

Countertransference and Self-Analysis of the Psychoanalyst. Edith Weigert. Pp. 242-246.

It is important that the supervisory analyst stimulate the self-analysis of the analyst. One must avoid the self-deception of assuming that absolute resistance to countertransference can ever be achieved; to some extent the analyst always reacts as though the patient were an important figure in the analyst's own past life. The maintenance of benevolent neutrality depends on one's alertness to the swings of countertransference. The analyst's anxieties disturb his empathy; new facets in the patient's personality may touch off unknown boundaries and anxiety in the analyst's ego. It is very helpful to recognize that the analyst will become anxious at times, and progress is made when the analyst becomes conscious of a formerly unconscious countertransference.

The Dynamics of Training Analysis. Nils Nielsen. Pp. 247-249.

Since the 'motor' of analysis is suffering, the question arises how one may analyze the 'normal' trainee, one who is relatively free of suffering. The motivations of trainees are various, but suffering, the need for personal change, is not a prominent feature. Should one therefore select neurotics as candidates, and if so, what type? To reduce the chances of being duped by the trainee, should one make inquiries or seek data from sources other than the trainee himself? How can we impose on the trainee that suffering which is considered indispensable as a motive force?

The Difficulties of Didactic Psychoanalysis in Relation to Therapeutic Psychoanalysis. S. Nacht. Pp. 250-253.

The author emphasizes the important distinctions between a training and a therapeutic analysis. Though the technique is the same in the two situations, the conditions which determine the relationship are quite different. The candidate has an extensive theoretical knowledge which he employs to strengthen his resistances. His relationship to the analyst is colored by actual acquaintanceship and the expectation of future relationship as a colleague. The candidate is really dependent on the analyst. The relationship has real components which actually affect the candidate's future: the analyst is an integral part of the reality principle. By contrast, in the therapeutic analysis the analyst merely *represents* the reality principle, and through the analyst the patient relives his dependency by way of an infantile regression. Nacht stresses this as the important point from which stem the basic differences between therapeutic and didactic analysis. Implications for the countertransference, for the selection of candidates, and for possible changes in training procedure are touched upon.

About the Relation Between Psychoanalytic Training and Psychoanalytic Therapy. Martin Grotjahn. Pp. 254-262.

Analytic training should be considered in three periods: 1, the preparatory analysis, which should approximate a therapeutic analysis and should precede

formal training in the institute; 2, the 'period of working through': lectures, seminars, beginning analytic work with patients; 3, a period of transition to independent analytic study during which the transference neurosis should have been resolved.

The training analyst must have analytic spontaneity and freedom of movement if he is to achieve his goal for his analysand, 'ego-identity'. Besides experience of the self and one's relationship to the environment, this includes an anxiety-free communication between the conscious part of the ego, the preconscious, and the unconscious.

Group Analytic Observation as Indicator for Psychoanalytic Treatment. S. H. Foulkes. Pp. 263-266.

The author suggests that disturbances that involve the genetic structure of the ego itself (character problems, 'narcissistic formations') on the whole respond well to group analysis. Individual analysis is more suitable for transference neuroses. In groups one can observe the dynamic interplay of pathogenic and therapeutic mechanisms, revealing data and providing material for analysis which might otherwise not be available.

JOSEPH LANDER

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Studies on the Nature of Suggestion, Part II.[1] Charles Fisher. Pp. 406-437.

In this second part of his paper, Fisher continues his stimulating consideration of the relationship between suggestibility, hypnosis, the analytic relationship, suggestion, and dreaming, with particular regard to the 'suggested' or 'experimental' dream. Clinical cases are discussed. The suggestion to dream results in responses both to the content of the suggestion (called the 'content day residue') and to the experience of being given a suggestion. To this latter response (the 'transference day residue'), patients produced dreams expressing wishes for pregnancy and childbirth in pregenital terms. Suggestions are accepted or rejected according to the degree of anxiety or gratification produced by certain incorporative or expulsive fantasies. Dynamics of impulses are the same in analytic patients and in normal subjects in nontherapeutic relationships.

A good bibliography is included.

Freud's Studies on Cocaine, 1884-1887. Siegfried Bernfeld. Pp. 581-613.

This paper describes Freud's achievement in bringing cocaine to the attention of the medical world and his failure to think of its use as a local anesthetic in surgery. Freud was interested in the subjective effects of cocaine. He performed experiments with the dynamometer, and believed that the effect of cocaine is 'brought about by the creation of an improved over-all state of

[1] Part I was abstracted in This QUARTERLY, XXIV, No. 1, pp. 156-157.

well-being'. He experimented with cocaine on himself and advocated its use in the treatment of psychiatric conditions, especially morphinism, but became disappointed and disillusioned when it was insinuated that he had introduced 'the third scourge of humanity, cocaine'. He even found it necessary to write that 'the morphine withdrawal cure through cocaine is not something I experienced on my own body'.

Freud was reluctant to recommend use of cocaine by injection, and he strangely failed ever to refer directly to the one occasion when he did make such a recommendation. The later 'unconscious confession' or unconscious reference to that recommendation which appears in The Interpretation of Dreams seems to be a parapraxis.

The whole 'coca episode' is related to a number of dreams during Freud's self-analysis. He later became interested in Fliess's work on the cocainization of the nose, but turned from 'medicinal magic' to psychological therapy.

Federn's Ego Psychology and Its Application to Agoraphobia. Edoardo Weiss. Pp. 614-628.

This paper traces the derivation of Federn's concepts from Freud's work and their gradual evolution and later divergence from some of Freud's theoretical conclusions. Federn's ideas increase our understanding of psychotic phenomena and provide new avenues for the study of nonpsychotic ego disturbances. They are of particular importance for our understanding and treatment of phobic reactions, especially agoraphobia.

Cultural Factors in Psychoanalytic Therapy. George Devereux. Pp. 629-655.

The paper opens with a consideration of culture as a uniquely human trait. Homo sapiens or genus homo (as differentiated from man as a human being) has four characteristics: differentiation, individualization, plasticity, and variability. These characteristics represent a unitary biological potentiality which results in the distinctively human psyche and culture characteristic of man as a human being. The culturalization of man is brought about by replacement of the direct and massive manifestation of biological impulses—especially aggression—by plastic, economical, and accurately adapted behavior. It is an illusion that culture constricts behavior.

Personality disorders are a partial dedifferentiation—a partial regression of man to homo sapiens. Psychoanalysis is concerned with what is distinctively human in the human psyche, whereas anthropology is concerned with what is uniquely human in culture and society. The insights of psychoanalysis and anthropology are complementary, not additive.

Devereux describes how the culture is experienced and manipulated by five groups of people: the mentally healthy, the immature, the neurotic, the psychotic, and the psychopathic. The way the individual manipulates his culture is of diagnostic significance. The author presents clinical data from the analyses of a Plains Indian woman and some 'culturally marginal' white patients and from psychotherapy with several American Indians.

Orality in the Hysterical Personality. Judd Marmor. Pp. 656-671.

This paper is concerned with the underlying character structure of hysteria and suggests that oral mechanisms play a more vital role in hysteria than has been generally assumed. Marmor reviews the concept of hysterical personality and cites the description of Wittels and the work of Wilhelm Reich. Oral mechanisms are prominent and tenacious in the hysterical character. The hysterical character is one of the most difficult to alter. This resistance to change, the immaturity and instability of ego structure, and the close relationship of hysterical character to addictions, depressions, and schizophrenia are best explained by the deep-seated oral fixations. The author admits the unquestionable importance of œdipal fixations in hysteria, but believes they result from precœdipal fixations, chiefly oral, and he suggests that we look for the deeper pregenital oral wishes in hysterical patients. The fact that hysterical character occurs more often in women than in men is perhaps due to the more ready acceptance by society of passivity, dependency, and receptivity in women.

It is questionable that neuroses represent later stages of fixation than psychoses; probably an orally, anally, or phallically fixated individual is neurotic or psychotic because of quantitative variations in balance between strength of the ego and the strains upon it. The 'erotic' character described by Freud is approximately the hysterical character. Predominance of oral fixations favors the development of hysterical character.

The Ear, Listening and Hearing. Peter Hobart Knapp. Pp. 672-689.

The role of the ear in psychic life has been little studied by psychoanalysts. Knapp reviews and illustrates the symbolic equivalences of the ear with the vagina, the anus, the mouth, the uterus, and the phallus. The ears can become symbolically bisexual; as projections they signify power, as receptive orifices they are exposed to the dangers of attack, penetration, and poisoning. Their significance as an orifice seems to predominate in the body image. Hence loss of an ear seems less devastating than loss of an eye—it is a 'minor castration'. Œdipus was not made deaf.

Listening is active discrimination; it serves in the use of language and of special skills, and in gratifying curiosity. It contributes to the formation of ego and superego and to instinctual gratification.

The ear is also a passive receptor for affectively tinged sound. The ability to not listen is important; in sleep we employ 'auditory repression' which is selective—the sleeping mother, for example, is alert to her child's cry.

Emotional investment of the ear, as of any organ, possibly can produce physiological change and physical disease of the organ.

The Role of Perception in the Mechanism of Denial. Louis Linn. Pp. 690-705.

Since denial is a defense against external stimuli, perception and preconscious memory must play important roles in this mechanism. Sensory stimuli have a twofold function: they alert the ego, raising the level of consciousness or awareness of stimuli in general; and they serve the specific function of orient-

ing the ego with respect to reality. The author cites clinical evidence for the appearance of denial when perception and external stimuli are diminished or absent. Preconscious memory is important, for it liberates the individual from the need of a continuous stream of orienting data from without.

The employment of denial as a defense is associated with special features in the character structure of the patient. Interferences with perception and preconscious memory may facilitate denial, but do so primarily when a tendency to denial already exists. When this tendency is strong, one may encounter in patients what the author terms 'inexact perception'. He states, 'Just as disturbances of perception facilitate denial, so does a need for denial result in disturbances of perception'. The tendency to denial is the product of a central wish; if this central wish can be achieved, numerous secondary wish fulfilments may occur as products of the associated generalized tendency to denial.

The relationship of denial to repression, regression, and other defense mechanisms is considered with reference to impairment or restoration of hearing or sight. In Lewin's 'neurotic hypomanic personality' idealization of the parent—denial of his actual shortcomings—is facilitated by the parent's death or absence. Orality is also related to denial; food or pharmacological agents may induce a state of clouded consciousness in which perception and memory are impaired and denial facilitated.

MILTON GRAY

The Psychoanalytic Review. XLI, 1954.

The Image of the Heart and the Synergic Principle in Psychoanalysis (Psychosynergy). Daniel E. Schneider. Pp. 197-215.

Synergy, 'a working together of all the components of survival', is the neuropsychic force determining survival and longevity. The psychic image of the heart depends on an awareness of its sounds and rhythm and changes of volume in the chest. The heart has its own set of symbols in dreams, and is sometimes confused in interpretation with uterine symbols or fantasies. Since the first postnatal act has to do with the establishment of an independent circulation, the image of the heart exists at the root of the ego and keeps pace with the growing ego. Anxiety is defined as dyssynergy between the image of the heart and the rest of the ego. Psychosomatic syndromes are seen as 'defenders of the heart'.

'Premature coronary death in relatively young men is the result of . . . pressures which produce too organized, too invasive and pervasive an image of the heart and its derivatives.' Such patients have strong underlying transvestitism and very primitive oral impulses. Their character traits, primary defenses against deep conflict, are controlled tensions, physical hurry, self-purification or 'immunity from accusation', and 'superrealism and superpaternalism'.

The Psychogenesis of Empathy. David A. Stewart. Pp. 216-228.

Empathy, as part of the transference relationship, is crucial for the understanding of all interpersonal relationships. Because empathy is 'disciplined by good will' it is also basic to ethics. In empathy there is free interchange of ideas; therefore it provides an ideal medium for the exploration of human behavior. 'Resistance' in the empathic process chiefly means respect for another, and identification and resistance constitute the matrix from which good will develops. Empathy is the psychological ground of personal identity and communication.

The 'Masculinity Complex' as a Defense Against Pregenital Conflict. George J. Wayne. Pp. 229-245.

In the analysis of a character neurosis, the basic psychopathology was a flight from frightening femininity, creating a façade of masculine defenses. The patient's system of security rested on her being hermaphroditically complete, a powerful phallic woman like her mother. In her family the paths to normal feminine development were blocked. The patient could not achieve a healthy relationship with her father who had always been inadequate and was ultimately schizophrenic, a scorned and useless appendage to the family. Her mother was a typical phallic woman toward whom the patient was strongly ambivalent, with an underlying enslavement to her. The patient always rejected the idea of her own 'organlessness'. Her three older brothers, all outstandingly successful in intellectual professions, were a constant reminder that masculinity was important and was connected with intelligence. The only feminine person in the household was the badly deteriorated grandmother, who accentuated the conception that women are inferior. In the patient, pregenitality was most striking. Her excellent ego provided the means for various adequate phallic defenses. Her 'counterfeit' activity in intercourse was a denial of her femininity, an assumption of masculinity. Any approach to feminine passivity or feminine functioning produced great anxiety. Intercourse was for her a castrating act intended to render the partner impotent. Her oral and anal traits were prominent in the defensive system.

Pathological Stealing as a Reparative Move of the Ego. Charles W. Socarides. Pp. 246-252.

A masochistic woman who was frightened by acceptance of the role of painful dependence used pathological stealing as an escape from the intolerable conflict. When analysis removed some of her defenses, her conception of femininity became colored by the cruel and destructive fantasies of her childhood. Intermittently, then, she faced two unacceptable alternatives: either to face her feminine role and undergo the tortures implicit in those childhood fantasies, or to regress to psychosis. Instead, in a hysterical twilight state she acquired transient femininity by stealing some object of female clothing, thus symbolically gaining female sexuality without paying the price of suffering.

'Making a Case'-Type of Depression—A Predictable Test-Mechanism in Psychotherapy. Edmund Bergler. Pp. 253-257.

The 'defensive cunning of the unconscious ego' produces various types of depression, of which the author here describes one. The ego selects an episode or situation in which it is really without guilt, and adduces evidence of innocence. The consequent depression is 'hoarded' for future use, being presented to the superego when a justified accusation is later leveled at the ego. In this way the reproaches of conscience can be refuted. The mechanism at work is similar to what Bergler has previously described under the title of 'refutation dreams'.

The Handling of Relatives in the Psychoanalytic Situation. Eric P. Mosse. Pp. 258-262.

A problem in treatment is the continuing traumatic effect of a family on the patient in treatment. The author discusses the advantages of coping with this by enabling the patient himself to assume the role of therapist toward members of his family, through discussion of his feelings toward them and of their attitudes to him. He thus actively reverses his earlier passive relationships, with gain in ego strength. There is the further advantage of creating a more favorable climate in which the therapeutic gain can become well established.

Ego Oriented Resistance Analysis. Thomas Hora. Pp. 263-266.

The title refers to a technique of strengthening the ego by working at the task of making the unconscious part of the ego conscious; the objective is increased self-awareness and autonomy of the ego. The activity of the unconscious ego is mostly maladaptive, therefore out of step with the demands of reality. Moreover it uses archaic modes of defense which may be a burden rather than an asset. Interpretation, insight, and working through enable patients to refrain from such defenses.

Some Hypotheses on the Psychology of Travel. Maurice L. Farber. Pp. 267-271.

Various motives underlie man's strong impulses to travel. Basic curiosity and exploratory drives occur in man and animal. Glamor and desire for prestige contribute. There may be an unconscious quest for the 'magic helper' described by Fromm. For some there is flight from unsatisfying situations at home, or identification with another country which has been idealized. Travel fosters relaxation of the superego, with free emergence and acting out of id impulses. One's memories of the trip are colored by one's prejudices and needs.

JOSEPH LANDER

Psychiatric Quarterly. XXVIII, 1954.

Revival of Early Memories with the Appearance of Primitive Defense Reactions Including Aphthous Mouth Ulcers, Muscle Tensing and Urticaria. R. C. Robertiello. Pp. 410-415.

A twenty-six-year-old man receiving psychotherapy developed aphthous ulcers, generalized tensing of the muscles, and urticaria after bringing up memories believed to relate to events of the first few weeks of his life. His mother had developed abscess of the breast which had necessitated abrupt weaning and separation from her. The infant had reacted with generalized urticaria which the author explains as an attempt to regain the lost eroticism of the skin. The symptoms in adulthood are explained as revivals of skin, muscle, and oral eroticism.

The contributions of the anal and phallic phases to the psychosomatic symptoms are inadequately discussed, and the contribution of the superego is not mentioned. The severity of the self-destructiveness of the symptoms in adulthood suggests a more complex origin than the simple wish fulfilment of the infant. Moreover, the most severe of the symptoms, the aphthous ulcers, did not apparently appear during the original incident in infancy.

Emotional Problems of the Middle-Aged Man. Otto Billig and Robert Adams. Pp. 442-452.

The 'male climacteric' implies a major physiological change in the life of men comparable to that occurring in women. We have no evidence to support the concept. The term is misused to label a psychiatric syndrome occurring in middle-aged men. It is frequent in Western culture, which emphasizes competition and success. The authors discuss their experience with one hundred fifty cases, eighty-five percent of them psychogenic. Three cases are described in detail. An important dynamic factor is the older man's fear of a younger male rival, his own son or his fellow worker. Most of the patients were raised by strict and compulsive fathers, of whom they were afraid and who showed them little affection. The mothers were weak and neurotic. The patients were unable to resolve their œdipal feelings. They had to repress their hostility against their fathers at an early age but rebelled against authoritarian figures and discipline during adolescence and early manhood. They had difficulty as fathers and as husbands. They finally settled down to become hard and conscientious workers, strict and authoritarian. During middle life they manifested anxiety, depression, or conversion symptoms. Treatment, both psychotherapy and electroshock, proved difficult and unrewarding.

Evil Eye in Myth and Schizophrenia. Garfield Tourney and Dean J. Plazak. Pp. 478-495.

There are analogies between the delusions of schizophrenics and the symbols and beliefs of primitive peoples and early civilizations. The eye has been interpreted primarily as a symbol of the phallus and the virile father, less

commonly as a symbol of the female genitals. As the virile phallus, it is used both in offense and defense. In the three schizophrenic cases studied, the nuclear delusion concerning the eye was that it transmits or receives evil influences. The evil eye punishes for guilt over sexual temptations or activities which often have incestuous implications. Superstitions and anthropological and mythological data show that the belief in the evil eye is universal. It is attributed to an emanation of evil power from the eye of the fascinator. The evil eye usually serves envy, hatred, and boastfulness. Those of weak virility, pregnant and nursing mothers, infants, and children are particularly susceptible. Phallic and obscene symbols are the most common defenses against the evil eye.

Neurosis, A Negative of Perversion? Ludwig Eidelberg. Pp. 607-612.

The author presents conclusions based on extensive study of perverts, especially male homosexuals. In these homosexuals, after the analysis of the negative œdipus complex, there remained a core of conflict based on defenses against the wish to suck or incorporate the breast of the precœdipal mother. Sucking the penis represented an unconscious satisfaction and a denial of the original wish. The pervert can play the role of either mother or infant. The pervert's lack of interest in normal sexual intercourse is due to unconscious fear of intercourse. The perversion is more than a lack of defense against raw instinctual wishes. What appears to be a genuine desire for the perverted act is the result of a defense against certain other prohibited pregenital cravings. Approval of a perverted action is, therefore, not equivalent to approval of the component instinct against which it defends. The component instinct that unconsciously craves satisfaction must undergo extensive changes and masking in order to be gratified in the perverted act. Id, ego, and superego connive to permit the socially prohibited action.

The Psychology of Sentimentality. Theodore Branfman. Pp. 624-634.

Bergler postulates that all psychological phenomena have five layers: 1, unconscious wish; 2, superego reproach pertaining to the wish; 3, primary ego defense; 4, superego reproach pertaining to primary defense; 5, secondary ego defense, which is conscious. The author, using Bergler's basic formulation, attempts to clarify the psychology of sentimentality, which he defines as 'a mood of wistful sadness, most often accompanied by "teary-eyedness", not consciously painful and, at times, consciously pleasurable'. It is often, but not always, connected with nostalgic reminiscence. The deepest layer is of a passive masochistic nature. The first defense relates to pseudo-aggressive fantasies. The second defense is the sentimental reaction; it consists of wistful observation of what the individual maintains he wanted in childhood and did not get—for example, kindness or love—or observation of what he did not want but did get, such as coldness or deprivation. There is no painful depression with the sadness of sentimentality because the superego (which by criticism causes depression) is successfully warded off with the argument, 'just watching, not doing anything'.

JOSEPH BIERNOFF

Archives of Neurology and Psychiatry. LXX, 1953.

Morphology of the Testes in Schizophrenia. Garfield Tourney, Warren O. Nelson, and Jacques S. Gottlieb. Pp. 240-253.

Because endocrine and psychosexual abnormalities occur in schizophrenia, these authors studied bilateral testicular biopsies of twenty-three chronically or acutely schizophrenic patients. Moderate histological testicular pathology was found in five of six chronic catatonics studied, but it may have been due to nutritional deficiencies. The authors conclude that there is no specific relationship between schizophrenia and testicular abnormalities.

Language as Expressive Behavior. Maria Lorenz. Pp. 277-285.

Lorenz, who has previously studied language of psychotic and psychoneurotic patients, here investigates the role of language in expressing the character. It is likely that many of our 'intuitive' evaluations of others are based on observation of their language. Aside from the factual content and the physical attributes of speech, meaning is automatically and unconsciously conveyed in the form, relationships, organization, and habits of expression. Illustrative samples of language of various types are analyzed to demonstrate many of the psychological functions that language serves. A general pattern is characteristic of each individual. Categories of grammar and syntax reflect character traits and lead to certain inferences. The type of object relationship may be revealed, and receptive or aggressive attitudes may be inferred from the use of words or voice. The type of qualifying adjectives and adverbs employed may give clues to attitudes toward the environment, and choice of tenses of verbs may inform us of the subjective orientation in time. Defense mechanisms, such as denial and overcompensation, may be revealed by too much use of superlatives, words of emphasis, or expressions of negation.

Dynamics of the Cure in Psychiatry. Iago Galdston, Pp. 286-298.

In psychiatry, as in medicine throughout its history, theories of cure and the prevailing theory of etiology are always intertwined. Galdston divides the etiological theories of psychiatric illness in the past one hundred fifty years into eight categories. He then correlates the dynamics of the cure with each theory of causation.

The major portion of this paper, however, is devoted to a critique of the period since the introduction of psychoanalysis. Repression and free association are the foundation stones of the psychoanalytic theory of neurosis and psychoanalytic therapy. Both concepts are 'brilliantly conceived' and are valid in many instances, but they may lead to pitfalls. Free association is not a unique process of mentation but is 'in essence no more than the basic processes of thinking and recall, exercised in an extraordinarily permissive atmosphere'. Free association is misunderstood, has become 'a shibboleth in psychoanalysis . . . [and] is responsible for much drag and lag in therapy, . . . and the loss of precious time'. There is a magical expectancy 'that if the patient recumbent

will but free associate long enough, all things, including the good life, will ultimately come to him'. Much more active participation is necessary in the therapeutic process than is countenanced in orthodox psychoanalysis. Therapy must be directed toward a goal for without goals 'therapy can only be a phantom march'.

The etiological theory of repression, while valid to some degree in much psychopathology, neglects many other causes and is corrupting because it impedes the appreciation of these. The dynamics of effective therapy embrace much more than derepression by free association, just as most of psychopathology is traceable to much more than repression.

The principal components in the achievement of psychiatric cure are first the patient, who can be manipulated and whose potential must be actively and skilfully brought out, and second the therapist, who must himself be wise in the ways of life. The operational sequence of cure includes formulation of the complaint, recitation and recall of the past, reassessment and reorganization of the memories, and finally, under the active guidance of the therapist, applying the therapeutic gains in the real world. The dynamics of the cure derive more from the man, the therapist, than from his theory.

Relation Between Personality Factors and Fatigue in Severe Poliomyelitis. Jacob H. Conn. Pp. 310-316.

Conn studied fourteen severely ill patients, ranging in age from fourteen to thirty-five years, in the Respirator Unit of the Children's Hospital School in Baltimore. A characteristic personality was delineated and correlations attempted between this and the course of the poliomyelitis. The rather typical patient showed marked inhibition in aggression and self-assertiveness, a compulsive need to please others, and pronounced fear of failure, all resulting in a tendency to compulsive overactivity and overexertion in an effort to secure approval. This character type helps to explain the overexertion and overfatigue that frequently precede the attack of poliomyelitis. These patients are deprived of the safeguard against extreme exertion normally provided by a sense of fatigue. This is one of several factors that may contribute to breakdown of the protective mechanisms against illness. This hypothesis, based on only a few cases, deserves further study for confirmation.

Anxiety and Depressive States Treated with Isonicotinyl Hydrazide (Isoniazid). Harry M. Salzer and Max L. Lurie. Pp. 317-324.

Since elevation of mood is a side effect in patients with tuberculosis treated with isoniazid, Salzer and Lurie studied the effect of this drug on a group of psychiatric patients. It has previously been used on schizophrenic patients but not in treatment of anxiety states and psychoneurotic and manic-depressive depressions. Forty-one patients were studied, most of them of a depressive type and only one with a pure state of anxiety. The drug was given in most cases orally but in one case was given parenterally when the patient failed to respond to the oral medication. The dose was at first 50 mgm. three times a

day, increased, if no side effects resulted, to 100 mgm. three times a day. After taking into account the effects of psychotherapy, of placebos, or of other drugs such as amphetamine or sedatives, the authors conclude that sixty-eight percent of their patients showed improvement directly caused by isoniazid. Of the thirteen patients considered failures, five failed to improve even after subsequent electroshock therapy. The authors also believe that this drug used in conjunction with electroshock therapy may reduce the number of treatments necessary.

Effects of Intensive Psychotherapy on Epileptic Children. Louis A. Gottschalk. Pp. 361-384.

Gottschalk treated by intensive psychotherapy three children with idiopathic epilepsy. The patients were boys aged five, ten, and seventeen, one of whom was treated three or four times a week, the other two once a week, each for a total of more than one hundred therapeutic sessions. In all three cases psychological and emotional factors could be correlated with the epileptic attacks. Frequency and form of the seizures were beneficially influenced by the psychotherapy. Evidences of improvement were clinical improvement, favorable electroencephalographic findings, and improved results of psychological tests. The author acknowledges that it is hard to control such studies and that mere passage of time might have produced improvement.

It was difficult to discover any single specific conflict that is a constant precipitant of epileptic seizures. What appeared to initiate the chain of events leading to the attacks was blocking of any drive or strong emotion from gratification or expression. These patients both neurophysiologically and psychologically had a low threshold for seizures and a predisposition to paroxysmal and explosive activity. Their impulses and emotions were more primitive and less mature than those of other children of comparable age. In two of the three children, seizures have not recurred now for a period of two years. Without treatment, the probability of two or more two-year remissions in three patients is approximately one in ten.

LEO RANGELL

The International Journal of Group Psychotherapy. IV, 1954.

A Contribution to a Systematic Theory of Group Psychotherapy. S. R. Slavson. Pp. 3-27.

Defective elements in the personality are corrected by changes in distribution of libido, strengthening of the ego, adjustment of the superego, and correction of the self-image, which are achieved by transference, catharsis, insight, reality testing, and sublimation. In group psychotherapy, transference may be described as libidinal (related to parent figures), sibling, identification, or related to the group. Catharsis is effected by free association and by thinking and acts associated with current concerns, and is directed, induced, forced, or vicarious. Insight may be the result of verbal interpretation or emotional growth. The group itself is a tangible and pressing reality to each of its members. Sublimation is especially seen in activity groups for adolescents

but here, as in extratherapeutic situations, premature sublimations may break down if the underlying drives are not worked through.

Group Psychotherapy with Alcoholics in Conjunction with Antabuse Treatment. Henry Greenbaum. Pp. 30-41.

Alcoholism is a psychological syndrome without a specific personality structure or dynamic structure. There are three types of alcoholic: neurotic, schizophrenic, and psychopathic. Excessive compulsive drinking may be: 1, self-punishment and simultaneous satisfaction of instinctual drives, as occurs in persons whose severe superegos inhibit love and hostility, — social disgrace is the price they pay for free expression of their urges; 2, aggression against the environment; 3, an aid to self-esteem; 4, a satisfaction of narcissistic needs for dependency.

Alcoholics seldom seek therapy voluntarily but come because pressed by their relatives. Before the alcoholic enters a group a psychological study is made and antabuse is given. The group therapist is not only an observer, but explains that each patient is also an adjunct therapist helping to explore the problems of his fellows. Magical expectations are discouraged and the need for effort emphasized. The participants learn to discuss their problems, to act out hostility, and to understand their transference reactions; greater sense of reality is thus gained. A brief trial of group psychotherapy for alcoholics resulted in an increase of self-esteem, improved relationships with others, higher tolerance of frustration, and a more adequate handling of hostility. Fifty percent of those patients seen once a week and eighty-one percent of those seen twice a week remained sober during the time of the sessions.

The Effect of Combined Therapy on the Productivity of Patients. Edrita Fried. Pp. 42-55.

In group therapy, in contrast to individual therapy, the ego has less difficulty with ambivalence, for conflicting emotions can be directed to different people. This wider range for reaction lessens resistance and the greater number of objects allows for a swifter change in transference. Combined individual and group therapy shortens the time needed for withdrawal in orally frustrated patients and stimulates productivity in paranoids.

Observations Concerning the Use of Group Psychotherapy in a Voluntary Mental Hospital: Effects of Group Psychotherapy on the Training of Residents. Joseph S. A. Miller, Simon Kwalwasser, and Aaron Stein. Pp. 86-94.

Groups were instituted to teach residents the basic principles of dealing with patients. One resident acted as therapist while the second resident became observer. Afterwards the group records were reviewed by the psychiatrist. As a result, the residents saw their patients more realistically, as whole human beings, and were able to relate their symptoms to their circumstances as well as to underlying conflicts. This plan also helped the residents to understand transference phenomena better.

Some Structural Problems in the Relations of Psychoanalysis and Group Psychotherapy. Nathan W. Ackerman. Pp. 131-145.

Contrasting psychoanalysis and group therapy, the author points out that the therapeutic instrument in the latter is the effect of the group on the patient. The classical analyst is not a real person as much as he is a catalyst for exploring the unconscious. The therapeutic group is less conducive to the unchecked assertion of the irrational; it therefore excludes to some extent those individuals who tend to such assertion. Analysis reproduces the relationship of parent and child, but the group offers rivals and a weakening of the reliance on omnipotent fantasy. The analyst errs in only appraising his patient in terms of his individual psychic mechanisms; he should take into account the essential characteristics of the group. Personality is also part of a biopsychosocial continuum. The group therapist should be aware of the social structure of the group, the emotional integration between the individual and the group, and the inner psyche.

Group Psychotherapy with Male Stutterers. Morris W. Brody and Saul I. Harrison. Pp. 154-162.

Transference reactions were used to show the typical reaction of this group: resentment of the leader and one's own wish to lead, also the members' relationships to words as if words were internalized objects they were loath to give up.

Group Treatment of Chronic Patients in a Child Guidance Clinic. Abraham A. Fabian. Pp. 243-252.

The majority of patients in a child guidance clinic are chronic because of: 1, long waits for admission which screen out those with transitory symptoms; 2, the preponderance of cases with slight transference reaction; 3, the frequency of perversions and addictions already well established; 4, the large number of orally fixated persons and obsessional neurotics who cannot relinquish the symbiosis of treatment. This chronicity may be augmented by frequent changes of personnel, by the clinging countertransferences of therapists, or by referrals of intractable patients. Examples are given of improvement by group psychotherapy of: 1, parents with 'borderline' mental states; 2, dependent parents; 3, parents of psychotic children; 4, children with markedly deprived or traumatic backgrounds. Preschool children and their parents can also benefit by this method.

Differentials in Resistance Reactions in Individual and Group Psychotherapy. James E. Shea. Pp. 253-261.

The author relates experiences in private analytic practice and in analytic group therapy. He found that resistances operative in individual treatment

might not appear, or would be effective for a shorter time, in group therapy. Yet group therapy offers the therapist less close control than does analysis and is contraindicated in patients who find great difficulty in social associations or who have special problems or brittle character structures.

The Significance of Dual Leadership in Gerontologic Group Psychotherapy: Studies in Gerontologic Human Relations, III. Maurice E. Linden. Pp. 262-273.

Chronologically senile persons can be regarded as caricatures of their former selves, who feel rejected by the society of younger people. Among institutionalized senile women, excluding those too deteriorated to form any object relationship, group therapy offered a means of resocialization. This was facilitated when a female ward nurse assisted the male physician who was group leader. By identifying themselves with the younger and more attractive woman, the patients gained narcissistic satisfaction and enough confidence to feel a genital attraction for the leader, to whom previously they had merely felt dependence toward an authoritative figure. The adult sexuality gave them added self-respect, self-reliance, and ability to socialize.

The Use of 'Diagnostic' Groups in a Group Therapy Program. Anthony R. Stone, Morris B. Parloff and Jerome D. Frank. Pp. 274-284.

The authors sought to cut down the wastage of diagnostic time (some ten hours per patient) caused by patients' dropping out of treatment soon after acceptance, and studied patients from their long waiting lists in groups. In this way, the authors were able to see tendencies toward dominance and dependence and other factors that indicated how the patients would react in individual therapy, group therapy, or as part of a research program. They recommend this diagnostic technique.

Application of Group Psychotherapy Principles to Nonstructured Groups. Fanny Amster. Pp. 285-292.

Four groups were spontaneously and separately formed for educational purposes by housewives, by parents, by members of churches, and by young people desiring premarital counseling. Although it was shown that all kinds of individuals had need to be dependent and a feeling that the world was authoritative, hostile, and rejecting, association and therapeutic direction diminished their doubts, anxieties, and guilts, and made them more realistic and self-accepting.

Some Specific Features of Group Psychotherapy and Their Implications for Selection of Patients. Mervin B. Freedman and Blanche S. Sweet. Pp. 355-368.

This article embodies the experience of the psychiatric staff of a prepayment health plan which includes psychiatry. Group therapy was found to be the preferred form of treatment for certain 'borderline' psychotics, for patients

unused to introspection, and for those with rigid characterological armor. A relative homogeneity of education, age, socioeconomic status, but varying personalities, is desirable among members of the same group. The usefulness of group therapy for such persons can be attributed to the decreased pressure for active participation, the lessened intensity of emotional involvement, the dilution and multiplicity of the transference, the support by 'siblings', the relatively anxiety-free resistance, the predominance of reality over fantasy, the accessibility of the façade of the personality to analysis, and the opportunities for education.

Group therapy is particularly suitable for schizoid types with loneliness, distrust, and fear of emotional ties, and for those who have slight familiarity with the language of feeling, such as psychosomatic patients who are narrow and rigid, especially those who are belligerent and demanding. In other words, group therapy, contrary to common belief, is to be recommended for many seriously disturbed patients.

GERALDINE PEDERSON-KRAG

Journal of Mental Science. C, 1954.

The Indications for Psychoanalysis. Edward Glover. Pp. 393-401.

In order to discuss indications for psychoanalytic treatment, it is necessary to achieve some agreement on the nature of psychoanalytic therapy and the diagnosis and prognosis of mental disorders.

To be able to call one's therapy psychoanalytic, one must: 1, adhere to the fundamental concepts of the unconscious, unconscious conflict, repression, infantile sexuality, and transference; 2, understand the processes of mental development by which they are arrived at; 3, have endeavored via personal analysis to eliminate the errors of subjective bias; 4, have learned to apply the techniques of free association and interpretation; 5, be capable of analyzing the transferences and countertransferences arising in the therapeutic situation. The significant distinction between psychoanalysis and other forms of psychotherapy lies in the capacity and determination to analyze the transference.

Diagnostic classifications based on development permit the ordering of adult mental disorders in accordance with the level of fixation to which the mind regresses when faced with frustration or traumatic excitation. Symptom-formations, character disorders, and psychosexual difficulties can be arranged in roughly parallel series, and rough equivalences are established between the three groups. This type of classification is of significance for therapy for it shows prognosis in terms of degree of ego disorder and transference potential or accessibility. In general, the earlier the fixation points, the greater the degree of ego disorder and the less the accessibility.

Three factors must be considered in prognosis: 1, the depth of symptom-formations, in which constitutional, developmental, and precipitating elements are assessed; 2, the degree of transference potential (primary gain); 3, the strength and persistence of precipitating factors which determine the strength of secondary gain. Where no major symptom-formations are present, as in character disorders, prognosis is roughly estimated by examination of the total ego characteristics and the degree of primary and secondary gain.

Cases are then grouped as accessible, moderately accessible, and only slightly accessible to psychoanalysis. In the first group are the anxiety hysterias, conversion hysterias, cases of mixed neurosis in which obsessional and hysterical elements are associated, some cases of anxiety depression of a mainly reactive type, as well as 'equivalents' of neurotic symptom-formation, such as simple impotence, in which the predominant anxiety arises from the later infantile genital phases of development. In the moderately accessible group are the ordinary organized obsessional neuroses and obsessional character disorders, cases of perversion and alcoholism with psychoneurotic basis, cases of phobia and inversion with significant pregenital fixations, and milder cases of psychopathy under age twenty-five. The third group comprises cases similar to all these but with wider ego disorder, such as many severe monosymptomatic phobias with psychotic substructure. The principal constituents of this group are the pure psychoses, the psychotic characters, and severe cases of psychopathy, as well as perversional inhibitions of an equivalent order. In the first group, there is a reasonable expectation of cure with psychoanalysis; in the second there is possibility of substantial improvement, but no certainty of cure; in the third group neither cure nor major improvement are to be expected. For cases in the last group, it is justifiable to recommend psychoanalysis so long as there is a reasonable chance of improvement which could not be obtained more rapidly by some other form of psychotherapy.

Scientific Psychopathology and Religious Issues. Gregory Zilboorg. Pp. 402-410.

Recent development in the social sciences and psychology influenced by psychoanalysis has led to conflict with traditional religious thought. The author maintains, apparently with metaphysical and theological premise, that there is no real conflict between science and religion, since these are two aspects of revealed truth. Physicists have been able to remain truly scientific without abandoning religion. Contemporary psychopathologists, however, have tended to deny that there can be any knowledge outside of science and have thereby elevated science itself to a faith. Where science endeavors to give scientific answers to theological and metaphysical questions, it strays from the path of science. This error occurs among psychopathologists because of their tendency to narcissistic overestimation of man's importance and capacity. What appears then to be an objective conflict between scientific psychopathology and religion is held by the author to be a manifestation of the essential inner conflict within confused scientists. It is a dangerous trend leading to a mechanistic conception of man with loss of that human person who is the concern of religion.

Nonreligious scientists who do not accept the author's metaphysical or theological premise will find the argument untenable. To them such postulation of 'inner conflict' may be suggestive of a renascent demonology, fashioned out of the temper of our anxious age.

HASKELL F. NORMAN

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Meeting of the New York Psychoanalytic Society

Irwin Solomon

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NOTES

The winter meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held at the Hotel Roosevelt, New York City, December 1st to December 4th, 1955. Preliminary commissions will meet on November 28th and 29th. There will be committee meetings of the Association on November 30th and December 1st.

MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

January 25, 1955. AN APPROACH TO THE RELATION BETWEEN CONCEPT AND CONTENT IN PSYCHOANALYTIC THEORY (WITH SPECIAL REFERENCE TO THE WORK OF MELANIE KLEIN AND HER FOLLOWERS). Elizabeth R. Zetzel, M.D.

Psychoanalysis, even more than other social sciences, presents peculiar difficulties of objective validation of its theoretical concepts. There is a lack of concrete objective data, and the relative difficulty of repeating psychoanalytic observations. Difficulty arises in differentiating theory from practice, theory based on interpretation of specific content (stages of libido development), and theory of a more general abstract nature concerning the function and structure of the mental apparatus. In considering this problem, the model used is Freud's Interpretation of Dreams. Modifications of the basic concepts have usually been closely related to increased knowledge of content. Though difficult, it is desirable that new theoretical formulations be oriented with regard to content as well as conceptual significance. To do this it is necessary to separate the concrete from the abstract, a difficult task because of the nature of the material. With some clinical formulations couched in general abstract terms there is the potential danger of their being compatible with divergent interpretations. Mrs. Klein's work is examined with this in mind. Many of the difficulties raised by her theoretical formulations may be due to her failure to distinguish the relation of content to concept. Mrs. Klein's work concerning aggression and its relation to anxiety and depressive tendencies, introjective and projective mechanisms, the role of object relations in early mental development, and placing œdipal fantasies in the earliest period, is reviewed, and its controversial aspects are indicated. The contributions which are most generally acceptable and fit into the general conceptual framework of analytic theory are seen to fit under the heading of content rather than concept. To illustrate the need to distinguish between propositions regarding content and fundamental conceptual orientation, as well as to show the degree to which abstract formulations of fundamental concepts may be compatible with essentially divergent interpretations of content, Mrs. Klein's formulations in regard to the aggressive instincts are compared in detail with those of Hartmann, Kris, Loewenstein, and Anna Freud. In spite of important differences in interpretation of content, the general formulations of these authors are not essentially incompatible. On the other hand, in relation to Klein's modification of Freud's conception

of the death instinct, there is an attempt at a fundamental alteration of analytic concepts. Here Klein has left the field of content elaboration (re: the role of aggressive instincts) where many of her formulations appear compatible with generally accepted ones, and has entered the field of conceptual framework which is much more open to question, being based on the highly speculative and not generally acceptable death instinct. To illustrate a genuine difference as to basic concepts regarding the nature of the psychic apparatus which is of crucial importance for the development of analytic theory in general, Klein's views on the nature and function of fantasy as indicating that no mental activity, however functionally free, can be devoid of unconscious significance, are compared with Hartmann's formulations of autonomous ego functions as being relatively, if not absolutely, free of such significance. Klein needs to clarify the role of inborn and maturational factors in the different phases of mental development, as well as how reality testing and secondary processes can be understood in terms of her basic premises. Hartmann's views need to be more closely correlated with detailed descriptions of the relationship between neutralization and specific fantasy and conflict. In connection with the problem of the influence of basic concepts on problems of clinical application and validation, it is important that as clear a distinction as possible be made between interpretations based on understanding of the content of unconscious conflicts, and those based on conceptual hypotheses. Theory should be concerned not only with abstract formulations, but with interpretations of meaningful content, sufficiently general to be included under the heading of theory rather than actual findings. Also, new findings with regard to content must be correlated with the general body of analytic knowledge. There must be mutual correlation of these approaches if progress in our knowledge is to occur.

In the discussion, Dr. Hartmann pointed out the difficulty in analysis of opposing theoretical and clinical thinking. The presentation of clinical data is permeated by theoretical concepts. Some analysts have mistaken familiar concepts of Freud for observational data. This he feels is true of Klein who constantly reports constructs as data of observation. While he agreed that it is desirable to attempt clearly to differentiate theory from mere induction and from experience, as is done in other fields of science, he takes issue with the terminology used by illustrating the extreme ambiguity of the word 'content' in psychology and the difficulties which may arise by attempting to assign one meaning to a term which has come to be used in many different ways. The distinction referred to in the paper is between observational data and conceptualization, and while this should be kept in mind he sees no reason to separate them in one's scientific thinking or clinical activity. He emphasized the differences between Klein's work and that of Kris, Loewenstein, and himself by showing that she failed to use Freud's later concept of the ego, the role of maturation, or data of direct observation of children in her work. He strongly questioned the point that the concept of autonomy of the ego would tend to therapeutic pessimism. Dr. Loewenstein also felt that Dr. Zetzel's terms might present great difficulties because the term concept is already part of the common language and it cannot now be applied only to three theories: meta-

psychology, instincts, and anxiety. He emphasized that the most valuable contributions in analysis are those which have a genetic significance which implies highly organized theories. He pointed out that Klein uses the term fantasy to mean something very different from what most analysts understand by the term and this conflict cannot be understood by a mere opposition of concept and content. Dr. Greenacre felt it was helpful to stress different emphases on concept and content if it were not done in a rigid manner. She speculated that some of the discrepancies discussed are due to differences in the vantage points of organization of observation. Dr. Mahler felt that Klein's attempt to reconstruct the inner fantasy life of the preverbal phase from the study of children from the age of two and of psychotic adults, led to losing touch with the current trend of analytic theory and clinical experience. Klein antedated the fantasies she found into the preverbal phase and failed to focus on the ego aspects of the latency period. Direct observation of infants and the study of infantile psychoses will not only eventually refute Mrs. Klein's errors, but will justify her brilliant clinical intuition and put the basic body of her work into its proper place within the framework of analytic theory.

Dr. Zetzel's summary emphasized that Klein was not suggesting a separation between theory and clinical observation, or that she meant that content was not part of theory. She wished to make clear the difference between theory based on content and conceptual hypotheses. She agreed with Drs. Hartmann and Loewenstein that one of the weakest points in Klein's work is the way in which her conceptual hypotheses constantly color her interpretation of content.

IRWIN SOLOMON

THE AMERICAN PSYCHOSOMATIC SOCIETY will hold its Thirteenth Annual Meeting at the Sheraton Plaza Hotel in Boston on Saturday and Sunday, March 24 and 25, 1956. The Program Committee would like to receive titles and abstracts of papers for consideration for the program no later than December 1, 1955. The time allotted for the presentation of each paper will be twenty minutes. Abstracts should be submitted in sextuplicate, for the Program Committee's consideration, to Stanley Cobb, M.D., Chairman of the Program Committee, 551 Madison Avenue, New York 22, New York.

The SOCIEDADE BRASILEIRA DE PSICANÁLISE elected new officers in March 1955 for a period of two years: President, Dr. Durval Marcondes; Secretary, Dr. Isaias Melsohn; Treasurer, Mrs. Lygia Alcantara do Amaral.

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